

ORD INFORMATION  
RESOURCE CENTER, HCFA

# MEDICARE / MEDICAID NURSING HOME INFORMATION

KENTUCKY



U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

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# **MEDICARE/MEDICAID NURSING HOME INFORMATION**

**1987-1988**

**KENTUCKY**

Otis R. Bowen, M.D.  
Secretary  
U.S. Department of Health & Human Services

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Administrator  
Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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## INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper, M.D.  
Administrator

## USES AND LIMITATIONS

### Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

## Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.



## DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.



## **SOURCES OF INFORMATION**

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the “State Government” section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

### **Public and General Sources**

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

### **State Government**

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



CABINET FOR HUMAN RESOURCES  
COMMONWEALTH OF KENTUCKY  
FRANKFORT 40621

OFFICE OF INSPECTOR GENERAL

NURSING HOMES IN KENTUCKY

Overview of Nursing Home Licensure Program

All nursing homes in the Commonwealth must be licensed. The agency responsible for licensing and making licensure inspections of these homes is the Division of Licensing and Regulation (L & R). This Division is located in the Office of Inspector General in the Cabinet for Human Resources. L & R has four regional offices located in Hopkinsville, Louisville, London, and Lexington.

All nursing homes must apply for a license and pay a fee to be licensed. Licenses are issued for a maximum period of one year and every home will be inspected at least once a year. L & R also makes inspections on all complaint allegations made against nursing homes. Names of persons making the complaints are kept confidential. Inspections of all nursing homes are done on an unannounced basis, including inspections on complaint allegations. Any regulatory violation noted on an inspection is put in writing and sent to the home. The home must submit a written plan for eliminating or correcting the violation and the plan must be considered acceptable by L & R. Depending on the nature of the violation, L & R may conduct a follow-up visit to verify correction of the violation.

Nursing homes are also rated by L & R when the annual inspections are done. This is designed to encourage facilities to go beyond minimum licensure standards. Homes that significantly exceed minimum standards will receive a "superior" rating. Homes which do not comply with minimum standards will receive a "conditional" rating. Those homes that meet minimum standards are "unrated." Nursing homes may appeal their ratings.

Overview of Enforcement System

If the home fails to correct or continues to have major violations noted on inspections, L & R may revoke the license. The home may appeal and ask for a hearing in front of the Commission for Health Economics Control in Kentucky (CHECK).

In addition to revoking or denying a license, L & R may also issue citations and assess penalties on facilities for violations of regulations and standards. A citation may be issued or a penalty assessed on any visit made to a long-term care facility. A facility may be cited and fined for violating

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Kentucky regulations or violating any applicable federal law and regulation related to the facility's participation in Medicaid and Medicare. Violations are classified in two broad groups: Type A and Type B. A Type A violation is one that presents an imminent danger to any resident of the facility and creates a substantial risk that death or serious mental or physical harm will come to a resident. For a Type A violation, a facility can be fined \$1,000 to \$5,000 for each violation. A Type A violation has to be corrected immediately, unless a fixed period of time (which can't be more than 10 days) is required for the correction. A Type B violation is one that has a direct or immediate relationship to the health, safety, or security of any resident, but does not create an imminent danger. A Type B violation is subject to a fine of \$100 to \$500 for each violation. When the Cabinet for Human Resources cites a facility for a Type B violation, they must state the time within which the violation has to be corrected. If the Type B violation is corrected within the approved time, no penalty will be imposed. Facilities may appeal decisions on citations for violations, and penalties. The Secretary for the Cabinet for Human Resources has developed the regulations for appeals to protect the rights of all parties.

#### Resources Available to Consumers

The following is a list of resources available to those needing assistance regarding nursing homes:

Division of Licensing and Regulation  
Cabinet for Human Resources  
Fourth Floor East  
275 East Main Street  
Frankfort, KY 40621  
1-502 564-2800

This agency issues licenses, conducts inspections, investigates complaints, and issues ratings.

Department for Social Services  
Cabinet for Human Resources  
Sixth Floor West  
275 East Main Street  
Frankfort, KY 40621  
1-502-564-4650

This agency is responsible for the investigation of all reports of abuse, neglect, or exploitation. State law requires persons who know of such cases to report the incident to the local Department for Social Services offices. It is listed in the local telephone directories under Kentucky State Government, Cabinet for Human Resources, Department for Social Services. You may also report such cases on the hotline number (1-800-752-6200). The Department for Social Services also assists in patient placement in nursing homes.

Long Term Care Ombudsman  
Division of Aging Services  
Department for Social Services  
Cabinet for Human Resources  
Sixth Floor West  
275 East Main Street  
Frankfort, KY 40621  
1-800-372-2991

This agency is available to answer questions and help resolve problems (nonregulatory in nature) that occur in nursing homes. This agency can also give you information about local volunteer groups who work with nursing homes and the residents. Complaints may also be made to this agency which will make the appropriate referral to the Division of Licensing and Regulation.

Division of Medicaid Fraud and Abuse  
Office of Attorney General  
909 Leawood Drive  
Frankfort, KY 40601  
1-502-564-5937

This office is responsible for investigations and prosecuting cases of Medicaid fraud and abuse. The Division of Licensing and Regulation works closely with this agency and refers substantiated cases of abuse to this Division for further investigation and possible prosecution.

IPRO (Indiana Peer Review Organization)  
10300 Linn Station Road  
Louisville, KY 40223  
1-502-429-0995

This organization is composed of a group of licensed physicians who supervise nurses who decide if a nursing home resident needs nursing home care and if the resident is in the proper level of care for Medicare or Medicaid.

Department for Medicaid Services  
Cabinet for Human Services  
Third Floor East  
275 East Main Street  
Frankfort, KY 40621  
1-502-564-4321

This agency is responsible for reimbursing nursing homes for services provided to eligible recipients (Medicaid patients).



## **Federal Government**

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

### **Office of the Inspector General (OIG)**

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

### **Administration on Aging (AoA)**

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

## AoA Regional Offices

Regional Program Director, AoA  
DHHS Region I  
Room 2011  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1158

Regional Program Director, AoA  
DHHS Region III  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-0334

Regional Program Director, AoA  
DHHS Region V  
13th Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-3141

Regional Program Director, AoA  
DHHS Region VII  
Room 384  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-2955

Regional Program Director, AoA  
DHHS Region IX  
Room 480  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-6003

Regional Program Director, AoA  
DHHS Region II  
Room 4149  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3472

Regional Program Director, AoA  
DHHS Region IV  
Suite 903  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-5900

Regional Program Director, AoA  
DHHS Region VI  
Room 1000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-2971

Regional Program Director, AoA  
DHHS Region VIII  
Room 1185  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2951

Regional Program Director, AoA  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-5341

## Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

### OCR Regional Offices

Director, OCR  
DHHS Region I  
Room 2403  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1340

Director, OCR  
DHHS Region III  
Room 6300  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-1262

Director, OCR  
DHHS Region V  
33rd Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-2520

Director, OCR  
DHHS Region VII  
Room 248  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-7277

Director, OCR  
DHHS Region IX  
Room 322  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-8586

Director, OCR  
DHHS Region II  
Room 3312  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3313

Director, OCR  
DHHS Region IV  
Room 1502  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2779

Director, OCR  
DHHS Region VI  
Room 1360  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-4056

Director, OCR  
DHHS Region VIII  
Room 844  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2024

Director, OCR  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0473

## **Health Care Financing Administration (HCFA)**

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

### **HCFA Regional Offices**

Associate Regional Administrator  
DHHS Region I, HCFA  
Division of Health Standards and Quality  
Room 1309  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1331

Associate Regional Administrator  
DHHS Region III, HCFA  
Division of Health Standards and Quality  
3535 Market Street  
P.O. Box 7760  
Philadelphia, PA 19101  
(215) 596-0997

Associate Regional Administrator  
DHHS Region V, HCFA  
Division of Health Standards and Quality  
Room 941  
175 West Jackson Boulevard  
Chicago, IL 60604  
(312) 353-9804

Associate Regional Administrator  
DHHS Region VII, HCFA  
Division of Health Standards and Quality  
Room 284  
601 East 12th Street  
Kansas City, MO 64106  
(816) 374-2408

Associate Regional Administrator  
DHHS Region IX, HCFA  
Division of Health Standards and Quality  
100 Van Ness Avenue  
San Francisco, CA 94102  
(415) 556-0041

Associate Regional Administrator  
DHHS Region II, HCFA  
Division of Health Standards and Quality  
Room 3821  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3219

Associate Regional Administrator  
DHHS Region IV, HCFA  
Division of Health Standards and Quality  
Suite 601  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2488

Associate Regional Administrator  
DHHS Region VI, HCFA  
Division of Health Standards and Quality  
Room 2000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-6301

Associate Regional Administrator  
DHHS Region VIII, HCFA  
Division of Health Standards and Quality  
Room 1194  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-4721

Associate Regional Administrator  
DHHS Region X, HCFA  
Division of Health Standards and Quality  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0511



If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,  
New Hampshire, Rhode Island, and  
Vermont

Region III/Philadelphia

Delaware, District of Columbia,  
Maryland, Pennsylvania, Virginia,  
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,  
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and  
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,  
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,  
Puerto Rico, and  
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,  
Kentucky, Mississippi,  
North Carolina, South Carolina,  
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,  
New Mexico, Oklahoma, and  
Texas

Region VII/Denver

Colorado, Montana,  
North Dakota, South Dakota,  
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,  
and Washington

## FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

### General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

## **Physical Environment**

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

## **Medical and Nursing Services**

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

## **Food**

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

## **Social Services and Activities**

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?



## GLOSSARY OF TERMS

### Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

**Bed Sore.** A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

**Catheter.** See **Urinary Catheter.**

**Colostomy or Ileostomy.** A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

**Fluids Supplied Through Tubes.** A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

**Incompetent.** A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

**Injections.** Medicine given by inserting a needle into muscle or tissue.

**Isolation Techniques.** These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

**Rehabilitative Bowel and Bladder Training.** A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

**Respiratory Care.** A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

**Restraints.** Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident’s physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.



**Skin Breakdown.** When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

**Suctioning.** A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

**Tracheotomy Care.** A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

**Transferring.** This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

**Urinary Catheter.** A tube inserted into the bladder to remove urine.

## HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

### EXAMPLE

#### NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

**Name:** Self-explanatory  
**Street Address:** Self-explanatory  
**City and State:** Self-explanatory

**Participation:** The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

**Skilled Nursing Facility (SNF)** — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

**Intermediate Care Facility (ICF)** — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

**Number of Beds:** This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

**Type of Ownership:** This block describes the type of organization that operates the nursing home. These include:

**Non-profit-religious** — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

**Non-profit-private** — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

**Non-profit-other** — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

**Proprietary** — A nursing home operated for profit.

**Government** — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

**Survey Date:** The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

## EXAMPLE

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.					
		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.



## EXAMPLE

### SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.





## NURSING HOME PROFILE TWIN LAKES NH

<b>Street Address:</b> 404 WASHINGTON ST		<b>City and State:</b> ALBANY KY 42602	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 52	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 50	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 48		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	50	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	96.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	82.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	78.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	80.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	30.0	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	13	26.0	47.2	39.1
<b>Residents requiring restraints.</b>	13	26.0	40.5	31.7
<b>Confused or disoriented residents.</b>	10	20.0	65.4	55.8
<b>Residents with bed sores.</b>	4	8.0	4.2	4.7
<b>Residents receiving special skin care.</b>	17	34.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ELMWOOD VILLAGE SNF

<b>Street Address:</b>		<b>City and State:</b>	
5400 APPLE BLOSSOM LANE		ASHLAND KY 41101	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	147	NON-PROFIT PRIVATE	10/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
120	6	97

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	107	89.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	117	97.5	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	104	86.7	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	85.0	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	102	85.0	75.8	68.2
Residents on individually written bowel and bladder retraining program.	7	5.8	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	49	40.8	47.4	37.7
<b>Completely bedfast residents.</b>	32	26.7	6.9	3.4
<b>Residents confined to chairs.</b>	43	35.8	63.0	50.8
<b>Residents requiring restraints.</b>	39	32.5	46.6	41.3
<b>Confused or disoriented residents.</b>	115	95.8	64.9	58.4
<b>Residents with bed sores.</b>	16	13.3	9.3	7.1
<b>Residents receiving special skin care.</b>	19	15.8	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE KINGS DAUGHTERS MEDICAL CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2201 LEXINGTON AVE		ASHLAND KY 41101	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	10	NON-PROFIT OTHER	03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
8	3	5	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	8	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	8	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	8	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	6	75.0	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	75.0	47.4	37.7
<b>Completely bedfast residents.</b>	5	62.5	6.9	3.4
<b>Residents confined to chairs.</b>	2	25.0	63.0	50.8
<b>Residents requiring restraints.</b>	2	25.0	46.6	41.3
<b>Confused or disoriented residents.</b>	4	50.0	64.9	58.4
<b>Residents with bed sores.</b>	3	37.5	9.3	7.1
<b>Residents receiving special skin care.</b>	3	37.5	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AUBURN NURSING CENTER

<b>Street Address:</b>  121 PEARL ST		<b>City and State:</b>  AUBURN KY 42206	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  66	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  01/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  62	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  21
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	91.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	58	93.5	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	52	83.9	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	83.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	75.8	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	46.8	47.4	37.7
<b>Completely bedfast residents.</b>	3	4.8	6.9	3.4
<b>Residents confined to chairs.</b>	36	58.1	63.0	50.8
<b>Residents requiring restraints.</b>	17	27.4	46.6	41.3
<b>Confused or disoriented residents.</b>	33	53.2	64.9	58.4
<b>Residents with bed sores.</b>	1	1.6	9.3	7.1
<b>Residents receiving special skin care.</b>	9	14.5	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRACKEN CENTER ICF

<b>Street Address:</b> RT 1 BOX 418		<b>City and State:</b> AUGUSTA KY 41002	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 32	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/10/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 31	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 22	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	28	90.3	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	29	93.5	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	93.5	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	96.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	23	74.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	7	22.6	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	25.8	34.2	29.3
<b>Completely bedfast residents.</b>	1	3.2	3.5	3.6
<b>Residents confined to chairs.</b>	11	35.5	47.2	39.1
<b>Residents requiring restraints.</b>	14	45.2	40.5	31.7
<b>Confused or disoriented residents.</b>	17	54.8	65.4	55.8
<b>Residents with bed sores.</b>	2	6.5	4.2	4.7
<b>Residents receiving special skin care.</b>	3	9.7	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VALLEY PARK CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
117 SHELBY ST		BARBOURVILLE KY 40906	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	119	PROPRIETARY	03/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
117	6	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	106	90.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	94.0	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	63.2	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	68.4	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	73	62.4	75.8	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	32.5	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	65	55.6	63.0	50.8
<b>Residents requiring restraints.</b>	39	33.3	46.6	41.3
<b>Confused or disoriented residents.</b>	94	80.3	64.9	58.4
<b>Residents with bed sores.</b>	6	5.1	9.3	7.1
<b>Residents receiving special skin care.</b>	59	50.4	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2316	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE FEDERAL HILL MANOR SNF

<b>Street Address:</b>		<b>City and State:</b>	
OLD BLOOMFIELD RD BOX 349		BARDSTOWN KY 40004	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	94	PROPRIETARY	07/10/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
93	0	70	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	90.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	80	86.0	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	80.6	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	82.8	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	81.7	75.8	68.2
Residents on individually written bowel and bladder retraining program.	6	6.5	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	26.9	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	80	86.0	63.0	50.8
<b>Residents requiring restraints.</b>	55	59.1	46.6	41.3
<b>Confused or disoriented residents.</b>	66	71.0	64.9	58.4
<b>Residents with bed sores.</b>	0	0.0	9.3	7.1
<b>Residents receiving special skin care.</b>	7	7.5	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEE CO CONSTANT CARE INC

<b>Street Address:</b>		<b>City and State:</b>	
245 LUMBER ST		BEATTYVILLE KY 41311	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	87	NON-PROFIT PRIVATE	01/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
87	0	80

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	96.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	81	93.1	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	58	66.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	69.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	62.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	28.7	34.2	29.3
<b>Completely bedfast residents.</b>	2	2.3	3.5	3.6
<b>Residents confined to chairs.</b>	45	51.7	47.2	39.1
<b>Residents requiring restraints.</b>	21	24.1	40.5	31.7
<b>Confused or disoriented residents.</b>	53	60.9	65.4	55.8
<b>Residents with bed sores.</b>	3	3.4	4.2	4.7
<b>Residents receiving special skin care.</b>	20	23.0	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BEAVER DAM HEALTH CARE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
RT 4 HWY 231		BEAVER DAM KY 42320	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	58	PROPRIETARY	02/23/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
55	0	44

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	96.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	96.4	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	92.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	100	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	94.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	7.3	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	47.3	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.8	3.5	3.6
<b>Residents confined to chairs.</b>	33	60.0	47.2	39.1
<b>Residents requiring restraints.</b>	39	70.9	40.5	31.7
<b>Confused or disoriented residents.</b>	41	74.5	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	18	32.7	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TRIMBLE NURSING CENTER

<b>Street Address:</b>  HIGHWAY 42 BOX 27		<b>City and State:</b>  BEDFORD KY 40006	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  60	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  08/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  59	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  49
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	52	88.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	89.8	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	64.4	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	66.1	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	59.3	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	16.9	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.7	3.5	3.6
<b>Residents confined to chairs.</b>	27	45.8	47.2	39.1
<b>Residents requiring restraints.</b>	18	30.5	40.5	31.7
<b>Confused or disoriented residents.</b>	28	47.5	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	5	8.5	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BRITTHAVEN OF BENTON

<b>Street Address:</b>		<b>City and State:</b>	
U S HIGHWAY 641 S BOX 385		BENTON KY 42025	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	76	PROPRIETARY	03/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
76	0	57	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	72.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	56	73.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	57	75.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	86.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	49	64.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	36.8	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.3	3.5	3.6
<b>Residents confined to chairs.</b>	50	65.8	47.2	39.1
<b>Residents requiring restraints.</b>	48	63.2	40.5	31.7
<b>Confused or disoriented residents.</b>	55	72.4	65.4	55.8
<b>Residents with bed sores.</b>	1	1.3	4.2	4.7
<b>Residents receiving special skin care.</b>	9	11.8	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MARSHALL CO HOSP

<b>Street Address:</b>		<b>City and State:</b>	
503 GEORGE MCCLAIN DRIVE		BENTON KY 42025	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	34	NON-PROFIT OTHER	01/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
24	0	22	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	24	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	24	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	91.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	100	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	20	83.3	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	4.2	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	37.5	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	13	54.2	47.2	39.1
<b>Residents requiring restraints.</b>	13	54.2	40.5	31.7
<b>Confused or disoriented residents.</b>	18	75.0	65.4	55.8
<b>Residents with bed sores.</b>	4	16.7	4.2	4.7
<b>Residents receiving special skin care.</b>	3	12.5	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BEREA HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
601 RICHMOND RD		BEREA KY 40403	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	40	PROPRIETARY	09/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
40	0	36

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	95.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	87.5	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	87.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	85.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	57.5	34.2	29.3
<b>Completely bedfast residents.</b>	5	12.5	3.5	3.6
<b>Residents confined to chairs.</b>	22	55.0	47.2	39.1
<b>Residents requiring restraints.</b>	10	25.0	40.5	31.7
<b>Confused or disoriented residents.</b>	28	70.0	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	15	37.5	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BEREA HOSP INC

<b>Street Address:</b>  ESTILL ST		<b>City and State:</b>  BEREA KY 40403	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  62	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  10/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  35	<b>Medicare Residents:</b>  8	<b>Medicaid Residents:</b>  25		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	30	85.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	30	85.7	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	33	94.3	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	94.3	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	77.1	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	74.3	47.4	37.7
<b>Completely bedfast residents.</b>	9	25.7	6.9	3.4
<b>Residents confined to chairs.</b>	15	42.9	63.0	50.8
<b>Residents requiring restraints.</b>	9	25.7	46.6	41.3
<b>Confused or disoriented residents.</b>	15	42.9	64.9	58.4
<b>Residents with bed sores.</b>	5	14.3	9.3	7.1
<b>Residents receiving special skin care.</b>	22	62.9	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE OWSLEY CO HEALTH CARE CENTER

<b>Street Address:</b>  PO BOX 539		<b>City and State:</b>  BOONEVILLE KY 41314	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  91	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  06/09/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  91	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  88
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	91	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	91	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	63	69.2	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	69.2	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	62	68.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	4.4	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	49.5	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	27	29.7	47.2	39.1
<b>Residents requiring restraints.</b>	24	26.4	40.5	31.7
<b>Confused or disoriented residents.</b>	80	87.9	65.4	55.8
<b>Residents with bed sores.</b>	2	2.2	4.2	4.7
<b>Residents receiving special skin care.</b>	9	9.9	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE BRITTHAVEN OF BOWLING GREEN

<b>Street Address:</b>		<b>City and State:</b>	
5079 SCOTTSVILLE RD		BOWLING GREEN KY 42101	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	118	NON-PROFIT OTHER	02/03/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
105	0	77		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	99	94.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	102	97.1	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	84.8	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	84.8	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	86	81.9	75.8	68.2
Residents on individually written bowel and bladder retraining program.	14	13.3	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	33.3	47.4	37.7
<b>Completely bedfast residents.</b>	4	3.8	6.9	3.4
<b>Residents confined to chairs.</b>	75	71.4	63.0	50.8
<b>Residents requiring restraints.</b>	52	49.5	46.6	41.3
<b>Confused or disoriented residents.</b>	66	62.9	64.9	58.4
<b>Residents with bed sores.</b>	0	0.0	9.3	7.1
<b>Residents receiving special skin care.</b>	22	21.0	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE COLONIAL MANOR NH

<b>Street Address:</b>  2365 NASHVILLE RD		<b>City and State:</b>  BOWLING GREEN KY 42101	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  48	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  07/31/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  46	<b>Medicare Residents:</b>  3	<b>Medicaid Residents:</b>  11
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	84.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	97.8	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	93.5	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	93.5	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	71.7	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	71.7	47.4	37.7
<b>Completely bedfast residents.</b>	3	6.5	6.9	3.4
<b>Residents confined to chairs.</b>	33	71.7	63.0	50.8
<b>Residents requiring restraints.</b>	34	73.9	46.6	41.3
<b>Confused or disoriented residents.</b>	36	78.3	64.9	58.4
<b>Residents with bed sores.</b>	3	6.5	9.3	7.1
<b>Residents receiving special skin care.</b>	5	10.9	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEDCO CENTER OF BOWLING GREEN

<b>Street Address:</b>  1561 NEWTON AVE		<b>City and State:</b>  BOWLING GREEN KY 42101	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  66	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  11/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  63	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  36		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	98.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	85.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	76.2	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	79.4	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	74.6	69.1	59.1
Residents on individually written bowel and bladder retraining program.	8	12.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	49.2	34.2	29.3
<b>Completely bedfast residents.</b>	2	3.2	3.5	3.6
<b>Residents confined to chairs.</b>	45	71.4	47.2	39.1
<b>Residents requiring restraints.</b>	32	50.8	40.5	31.7
<b>Confused or disoriented residents.</b>	29	46.0	65.4	55.8
<b>Residents with bed sores.</b>	4	6.3	4.2	4.7
<b>Residents receiving special skin care.</b>	21	33.3	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEDICAL CENTER AT BOWLING GREEN

<b>Street Address:</b>  250 PARK ST BOX 56		<b>City and State:</b>  BOWLING GREEN KY 42101	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  20	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  12/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  19	<b>Medicare Residents:</b>  7	<b>Medicaid Residents:</b>  8		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	18	94.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	19	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	18	94.7	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	94.7	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	14	73.7	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	68.4	47.4	37.7
<b>Completely bedfast residents.</b>	3	15.8	6.9	3.4
<b>Residents confined to chairs.</b>	8	42.1	63.0	50.8
<b>Residents requiring restraints.</b>	2	10.5	46.6	41.3
<b>Confused or disoriented residents.</b>	8	42.1	64.9	58.4
<b>Residents with bed sores.</b>	6	31.6	9.3	7.1
<b>Residents receiving special skin care.</b>	6	31.6	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ROSEWOOD MANOR HEALTH CARE CENTER

<b>Street Address:</b>  550 HIGH ST BOX 9000		<b>City and State:</b>  BOWLING GREEN KY 42101	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  186	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  03/31/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  174	<b>Medicare Residents:</b>  3	<b>Medicaid Residents:</b>  158
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	101	58.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	165	94.8	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	148	85.1	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	82.8	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	128	73.6	75.8	68.2
Residents on individually written bowel and bladder retraining program.	12	6.9	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	79	45.4	47.4	37.7
<b>Completely bedfast residents.</b>	1	0.6	6.9	3.4
<b>Residents confined to chairs.</b>	93	53.4	63.0	50.8
<b>Residents requiring restraints.</b>	75	43.1	46.6	41.3
<b>Confused or disoriented residents.</b>	143	82.2	64.9	58.4
<b>Residents with bed sores.</b>	20	11.5	9.3	7.1
<b>Residents receiving special skin care.</b>	63	36.2	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEDCO CENTER OF BRANDENBURG ICF

<b>Street Address:</b>		<b>City and State:</b>	
814 OLD EKRON RD		BRANDENBURG KY 40108	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	51	PROPRIETARY	07/31/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
50	0	38

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	88.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	88.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	86.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	88.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	86.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	10	20.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	40.0	34.2	29.3
<b>Completely bedfast residents.</b>	3	6.0	3.5	3.6
<b>Residents confined to chairs.</b>	11	22.0	47.2	39.1
<b>Residents requiring restraints.</b>	23	46.0	40.5	31.7
<b>Confused or disoriented residents.</b>	29	58.0	65.4	55.8
<b>Residents with bed sores.</b>	4	8.0	4.2	4.7
<b>Residents receiving special skin care.</b>	20	40.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SOWDER NH ICF

<b>Street Address:</b> PO BOX 158		<b>City and State:</b> BRODHEAD KY 40409	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 82	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 81	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 69		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	78	96.3	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	93.8	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	84.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	81.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	75.3	69.1	59.1
Residents on individually written bowel and bladder retraining program.	15	18.5	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	55.6	34.2	29.3
<b>Completely bedfast residents.</b>	4	4.9	3.5	3.6
<b>Residents confined to chairs.</b>	61	75.3	47.2	39.1
<b>Residents requiring restraints.</b>	47	58.0	40.5	31.7
<b>Confused or disoriented residents.</b>	73	90.1	65.4	55.8
<b>Residents with bed sores.</b>	1	1.2	4.2	4.7
<b>Residents receiving special skin care.</b>	20	24.7	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CUMBERLAND VALLEY MANOR

<b>Street Address:</b>		<b>City and State:</b>	
S MAIN ST BOX 433		BURKESVILLE KY 42717	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	64	NON-PROFIT OTHER	06/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
64	0	59	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	96.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	64	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	84.4	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	93.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	46	71.9	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	48.4	34.2	29.3
<b>Completely bedfast residents.</b>	5	7.8	3.5	3.6
<b>Residents confined to chairs.</b>	41	64.1	47.2	39.1
<b>Residents requiring restraints.</b>	40	62.5	40.5	31.7
<b>Confused or disoriented residents.</b>	53	82.8	65.4	55.8
<b>Residents with bed sores.</b>	2	3.1	4.2	4.7
<b>Residents receiving special skin care.</b>	3	4.7	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GRANTS LAKE ICF

<b>Street Address:</b> 305 TAYLOR ST		<b>City and State:</b> BUTLER KY 41006	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 32	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 32	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 18	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	31	96.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	96.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	81.3	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	96.9	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	21	65.6	69.1	59.1
Residents on individually written bowel and bladder retraining program.	3	9.4	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	28.1	34.2	29.3
<b>Completely bedfast residents.</b>	1	3.1	3.5	3.6
<b>Residents confined to chairs.</b>	20	62.5	47.2	39.1
<b>Residents requiring restraints.</b>	13	40.6	40.5	31.7
<b>Confused or disoriented residents.</b>	18	56.3	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	21	65.6	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## SHADY LAWN NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
CERULEAN RD ROUTE 1 BOX 24		CADIZ KY 42211	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	50	PROPRIETARY	02/02/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
50	0	41

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	64.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	82.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	72.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	72.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	62.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	4.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	26.0	34.2	29.3
<b>Completely bedfast residents.</b>	1	2.0	3.5	3.6
<b>Residents confined to chairs.</b>	20	40.0	47.2	39.1
<b>Residents requiring restraints.</b>	4	8.0	40.5	31.7
<b>Confused or disoriented residents.</b>	27	54.0	65.4	55.8
<b>Residents with bed sores.</b>	2	4.0	4.2	4.7
<b>Residents receiving special skin care.</b>	8	16.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE RIVERSIDE MANOR HEALTH CARE CENTER

<b>Street Address:</b> HWY 136 BOX 35		<b>City and State:</b> CALHOUN KY 42327	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 51	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 50	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 40	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	94.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	43	86.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	86.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	94.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	82.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	7	14.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	30.0	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	28	56.0	47.2	39.1
<b>Residents requiring restraints.</b>	31	62.0	40.5	31.7
<b>Confused or disoriented residents.</b>	40	80.0	65.4	55.8
<b>Residents with bed sores.</b>	4	8.0	4.2	4.7
<b>Residents receiving special skin care.</b>	18	36.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CALVERT CITY CONVALESCENT CENTER ICF

<b>Street Address:</b> 5TH AVE BOX 7		<b>City and State:</b> CALVERT CITY KY 42029	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 95	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 11/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 95	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 74
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	92	96.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	95	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	71.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	100	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	68	71.6	69.1	59.1
Residents on individually written bowel and bladder retraining program.	49	51.6	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	32.6	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	51	53.7	47.2	39.1
<b>Residents requiring restraints.</b>	55	57.9	40.5	31.7
<b>Confused or disoriented residents.</b>	45	47.4	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	46	48.4	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OAKVIEW MANOR HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
RT 1 BOX 125		CALVERT CITY KY 42029	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	83	PROPRIETARY	12/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
80	0	57	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	90.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	72	90.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	72	90.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	90.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	56.3	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	2.5	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	21.2	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	27	33.7	47.2	39.1
<b>Residents requiring restraints.</b>	21	26.2	40.5	31.7
<b>Confused or disoriented residents.</b>	52	65.0	65.4	55.8
<b>Residents with bed sores.</b>	4	5.0	4.2	4.7
<b>Residents receiving special skin care.</b>	22	27.5	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## MEDCO CENTER OF CAMPBELLSVILLE

<b>Street Address:</b>		<b>City and State:</b>	
RT 4 OLD GREENSBURG RD		CAMPBELLSVILLE KY 42718	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	67	PROPRIETARY	02/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
67	0	60	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	19	28.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	52	77.6	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	71.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	59.7	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	58.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	6.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	32.8	34.2	29.3
<b>Completely bedfast residents.</b>	2	3.0	3.5	3.6
<b>Residents confined to chairs.</b>	36	53.7	47.2	39.1
<b>Residents requiring restraints.</b>	24	35.8	40.5	31.7
<b>Confused or disoriented residents.</b>	22	32.8	65.4	55.8
<b>Residents with bed sores.</b>	1	1.5	4.2	4.7
<b>Residents receiving special skin care.</b>	10	14.9	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE METZMEIER NH SNF

<b>Street Address:</b>		<b>City and State:</b>	
700 N CENTRAL AVE		CAMPBELLSVILLE KY 42718	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	71	PROPRIETARY	01/19/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
71	1	33		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	64	90.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	71	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	63	88.7	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	85.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	67.6	75.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	46	64.8	47.4	37.7
<b>Completely bedfast residents.</b>	5	7.0	6.9	3.4
<b>Residents confined to chairs.</b>	43	60.6	63.0	50.8
<b>Residents requiring restraints.</b>	23	32.4	46.6	41.3
<b>Confused or disoriented residents.</b>	45	63.4	64.9	58.4
<b>Residents with bed sores.</b>	2	2.8	9.3	7.1
<b>Residents receiving special skin care.</b>	25	35.2	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE JOHNSON MATHERS NH

<b>Street Address:</b>		<b>City and State:</b>	
2323 CONCRETE RD		CARLISLE KY 40311	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	51	LOCAL GOVERNMENT	08/20/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
45	3	33

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	91.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	77.8	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	88.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	29	64.4	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	60.0	47.4	37.7
<b>Completely bedfast residents.</b>	2	4.4	6.9	3.4
<b>Residents confined to chairs.</b>	29	64.4	63.0	50.8
<b>Residents requiring restraints.</b>	0	0.0	46.6	41.3
<b>Confused or disoriented residents.</b>	23	51.1	64.9	58.4
<b>Residents with bed sores.</b>	5	11.1	9.3	7.1
<b>Residents receiving special skin care.</b>	8	17.8	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GREEN VALLEY HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1206 11TH ST		CARROLLTON KY 41008	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	55	PROPRIETARY	03/16/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
51	0	42

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	98.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	49	96.1	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	100	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	88.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	23.5	34.2	29.3
<b>Completely bedfast residents.</b>	1	2.0	3.5	3.6
<b>Residents confined to chairs.</b>	11	21.6	47.2	39.1
<b>Residents requiring restraints.</b>	37	72.5	40.5	31.7
<b>Confused or disoriented residents.</b>	33	64.7	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	34	66.7	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CLINTON HICKMAN CO IC/PC FACILITY

<b>Street Address:</b> 359 S WASHINGTON		<b>City and State:</b> CLINTON KY 42031	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 46	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 09/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 46	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 39
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	97.8	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	67.4	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	63.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	65.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	19.6	34.2	29.3
<b>Completely bedfast residents.</b>	8	17.4	3.5	3.6
<b>Residents confined to chairs.</b>	18	39.1	47.2	39.1
<b>Residents requiring restraints.</b>	21	45.7	40.5	31.7
<b>Confused or disoriented residents.</b>	44	95.7	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	7	15.2	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE WEST KENTUCKY MANOR ICF

<b>Street Address:</b>		<b>City and State:</b>	
106 PADGETT DR		CLINTON KY 42031	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	86	PROPRIETARY	10/16/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
85	0	77	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	85	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	68	80.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	80.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	52.9	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	70.6	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	4.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	29.4	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	34	40.0	47.2	39.1
<b>Residents requiring restraints.</b>	39	45.9	40.5	31.7
<b>Confused or disoriented residents.</b>	85	100	65.4	55.8
<b>Residents with bed sores.</b>	6	7.1	4.2	4.7
<b>Residents receiving special skin care.</b>	25	29.4	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE SUMMIT MANOR SNF

<b>Street Address:</b>		<b>City and State:</b>	
400 BOMAR HEIGHTS		COLUMBIA KY 42728	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	104	PROPRIETARY	04/29/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
103	1	79	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	100	97.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	87.4	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	86.4	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	70.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	61.2	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	33.0	47.4	37.7
<b>Completely bedfast residents.</b>	19	18.4	6.9	3.4
<b>Residents confined to chairs.</b>	53	51.5	63.0	50.8
<b>Residents requiring restraints.</b>	20	19.4	46.6	41.3
<b>Confused or disoriented residents.</b>	64	62.1	64.9	58.4
<b>Residents with bed sores.</b>	6	5.8	9.3	7.1
<b>Residents receiving special skin care.</b>	18	17.5	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CHRISTIAN HEALTH CENTER ICF

<b>Street Address:</b>		<b>City and State:</b>	
MASTER ST & COMMONWEALTH AV		CORBIN KY 40701	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	92	NON-PROFIT RELIGIOUS	12/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
92	0	80		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	92	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	82.6	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	63	68.5	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	78.3	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	51.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	1.1	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	17.4	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	46	50.0	47.2	39.1
<b>Residents requiring restraints.</b>	38	41.3	40.5	31.7
<b>Confused or disoriented residents.</b>	62	67.4	65.4	55.8
<b>Residents with bed sores.</b>	3	3.3	4.2	4.7
<b>Residents receiving special skin care.</b>	23	25.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HILLCREST NH SNF

<b>Street Address:</b> PO BOX 556		<b>City and State:</b> CORBIN KY 40701	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/01/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 115	<b>Medicare Residents:</b> 10	<b>Medicaid Residents:</b> 86
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	106	92.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	106	92.2	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	101	87.8	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	80.0	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	75	65.2	75.8	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	47.8	47.4	37.7
<b>Completely bedfast residents.</b>	2	1.7	6.9	3.4
<b>Residents confined to chairs.</b>	80	69.6	63.0	50.8
<b>Residents requiring restraints.</b>	55	47.8	46.6	41.3
<b>Confused or disoriented residents.</b>	78	67.8	64.9	58.4
<b>Residents with bed sores.</b>	19	16.5	9.3	7.1
<b>Residents receiving special skin care.</b>	30	26.1	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE MOUNTAIN LAUREL MANOR ICF

<b>Street Address:</b> RT 7 BOX 349		<b>City and State:</b> CORBIN KY 40701	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/30/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 49	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 43
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	81.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	89.8	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	73.5	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	85.7	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	63.3	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	36.7	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	25	51.0	47.2	39.1
<b>Residents requiring restraints.</b>	21	42.9	40.5	31.7
<b>Confused or disoriented residents.</b>	30	61.2	65.4	55.8
<b>Residents with bed sores.</b>	2	4.1	4.2	4.7
<b>Residents receiving special skin care.</b>	6	12.2	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## GARRARD CONVALESCENT CENTER SNF

<b>Street Address:</b>		<b>City and State:</b>	
425 GARRARD ST		COVINGTON KY 41011	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	63	PROPRIETARY	02/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
62	1	54

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	96.8	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	98.4	75.8	68.2
Residents on individually written bowel and bladder retraining program.	2	3.2	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	42	67.7	47.4	37.7
<b>Completely bedfast residents.</b>	3	4.8	6.9	3.4
<b>Residents confined to chairs.</b>	58	93.5	63.0	50.8
<b>Residents requiring restraints.</b>	43	69.4	46.6	41.3
<b>Confused or disoriented residents.</b>	62	100	64.9	58.4
<b>Residents with bed sores.</b>	3	4.8	9.3	7.1
<b>Residents receiving special skin care.</b>	8	12.9	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ROSEDALE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
4250 GLENN AV		COVINGTON KY 41015	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	142	NON-PROFIT OTHER	11/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
135	0	124	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	115	85.2	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	121	89.6	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	108	80.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	65.9	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	100	74.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	0.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	25.9	34.2	29.3
<b>Completely bedfast residents.</b>	3	2.2	3.5	3.6
<b>Residents confined to chairs.</b>	48	35.6	47.2	39.1
<b>Residents requiring restraints.</b>	12	8.9	40.5	31.7
<b>Confused or disoriented residents.</b>	76	56.3	65.4	55.8
<b>Residents with bed sores.</b>	14	10.4	4.2	4.7
<b>Residents receiving special skin care.</b>	29	21.5	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST CHARLES CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
500 FARRELL DR		COVINGTON KY 41011	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	147	NON-PROFIT RELIGIOUS	11/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
147	0	42

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	117	79.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	121	82.3	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	112	76.2	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	76.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	114	77.6	75.8	68.2
Residents on individually written bowel and bladder retraining program.	59	40.1	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	37.4	47.4	37.7
<b>Completely bedfast residents.</b>	8	5.4	6.9	3.4
<b>Residents confined to chairs.</b>	47	32.0	63.0	50.8
<b>Residents requiring restraints.</b>	50	34.0	46.6	41.3
<b>Confused or disoriented residents.</b>	58	39.5	64.9	58.4
<b>Residents with bed sores.</b>	7	4.8	9.3	7.1
<b>Residents receiving special skin care.</b>	36	24.5	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## ST JOHN'S NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
800 HIGHLAND AVENUE		COVINGTON KY 41011	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	307	PROPRIETARY	02/23/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
259	6	241		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	212	81.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	245	94.6	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	231	89.2	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	228	88.0	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	219	84.6	75.8	68.2
Residents on individually written bowel and bladder retraining program.	12	4.6	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	120	46.3	47.4	37.7
<b>Completely bedfast residents.</b>	3	1.2	6.9	3.4
<b>Residents confined to chairs.</b>	214	82.6	63.0	50.8
<b>Residents requiring restraints.</b>	157	60.6	46.6	41.3
<b>Confused or disoriented residents.</b>	194	74.9	64.9	58.4
<b>Residents with bed sores.</b>	44	17.0	9.3	7.1
<b>Residents receiving special skin care.</b>	70	27.0	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GRANDHAVEN NH ICF

<b>Street Address:</b>		<b>City and State:</b>	
RODGERS PARK		CYNTHIANA KY 41031	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	54	NON-PROFIT OTHER	12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
54	0	36		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	90.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	85.2	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	85.2	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	81.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	46	85.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	31.5	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	35	64.8	47.2	39.1
<b>Residents requiring restraints.</b>	22	40.7	40.5	31.7
<b>Confused or disoriented residents.</b>	34	63.0	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	2	3.7	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HARRISON MEMORIAL HOSP

<b>Street Address:</b>		<b>City and State:</b>	
MILLERSBURG PIKE BOX 250		CYNTHIANA KY 41031	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	34	NON-PROFIT PRIVATE	06/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
24	1	19		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	23	95.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	23	95.8	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	95.8	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	95.8	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	23	95.8	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	54.2	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	23	95.8	63.0	50.8
<b>Residents requiring restraints.</b>	0	0.0	46.6	41.3
<b>Confused or disoriented residents.</b>	22	91.7	64.9	58.4
<b>Residents with bed sores.</b>	3	12.5	9.3	7.1
<b>Residents receiving special skin care.</b>	2	8.3	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE AUTUMNFIELD OF DANVILLE

<b>Street Address:</b> 203 BRUCE COURT		<b>City and State:</b> DANVILLE KY 40422	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 74	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 74	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 64
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	79.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	67	90.5	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	45	60.8	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	67.6	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	64.9	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	1.4	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	25.7	34.2	29.3
<b>Completely bedfast residents.</b>	4	5.4	3.5	3.6
<b>Residents confined to chairs.</b>	24	32.4	47.2	39.1
<b>Residents requiring restraints.</b>	4	5.4	40.5	31.7
<b>Confused or disoriented residents.</b>	43	58.1	65.4	55.8
<b>Residents with bed sores.</b>	2	2.7	4.2	4.7
<b>Residents receiving special skin care.</b>	11	14.9	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE FELLOWSHIP HOME ICF

<b>Street Address:</b>		<b>City and State:</b>	
642 N THIRD ST		DANVILLE KY 40422	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	54	PROPRIETARY	10/27/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
54	0	44		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	72.2	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	49	90.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	75.9	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	79.6	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	66.7	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	24.1	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	43	79.6	47.2	39.1
<b>Residents requiring restraints.</b>	43	79.6	40.5	31.7
<b>Confused or disoriented residents.</b>	31	57.4	65.4	55.8
<b>Residents with bed sores.</b>	2	3.7	4.2	4.7
<b>Residents receiving special skin care.</b>	7	13.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE FRIENDSHIP HOUSE

<b>Street Address:</b> 642 N 3RD ST		<b>City and State:</b> DANVILLE KY 40422	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/13/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 46	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 22	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	95.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	93.5	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	91.3	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	50.0	47.4	37.7
<b>Completely bedfast residents.</b>	4	8.7	6.9	3.4
<b>Residents confined to chairs.</b>	30	65.2	63.0	50.8
<b>Residents requiring restraints.</b>	27	58.7	46.6	41.3
<b>Confused or disoriented residents.</b>	41	89.1	64.9	58.4
<b>Residents with bed sores.</b>	12	26.1	9.3	7.1
<b>Residents receiving special skin care.</b>	28	60.9	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE

### DAWSON SPRINGS HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
100 W RAMSEY BOX 338		DAWSON SPRINGS KY 42408	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	07/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
75	5	58		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	76.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	71	94.7	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	65	86.7	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	89.3	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	64.0	75.8	68.2
Residents on individually written bowel and bladder retraining program.	3	4.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	46.7	47.4	37.7
<b>Completely bedfast residents.</b>	13	17.3	6.9	3.4
<b>Residents confined to chairs.</b>	56	74.7	63.0	50.8
<b>Residents requiring restraints.</b>	41	54.7	46.6	41.3
<b>Confused or disoriented residents.</b>	37	49.3	64.9	58.4
<b>Residents with bed sores.</b>	6	8.0	9.3	7.1
<b>Residents receiving special skin care.</b>	2	2.7	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE NEW DAWSON SPRINGS NH

<b>Street Address:</b>		<b>City and State:</b>	
213 WATER ST BOX 580		DAWSON SPRINGS KY 42408	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	69	NON-PROFIT PRIVATE	04/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
65	0	59	

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	90.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	65	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	63	96.9	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	73.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	73.8	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	49.2	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	18	27.7	47.2	39.1
<b>Residents requiring restraints.</b>	23	35.4	40.5	31.7
<b>Confused or disoriented residents.</b>	41	63.1	65.4	55.8
<b>Residents with bed sores.</b>	3	4.6	4.2	4.7
<b>Residents receiving special skin care.</b>	9	13.8	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## METCALFE CO NH

<b>Street Address:</b>		<b>City and State:</b>	
SKYLINE DR BOX 115		EDMONTON KY 42129	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	71	LOCAL GOVERNMENT	10/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
70	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	67	95.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	59	84.3	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	78.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	88.6	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	64.3	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	1.4	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	21.4	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	16	22.9	47.2	39.1
<b>Residents requiring restraints.</b>	26	37.1	40.5	31.7
<b>Confused or disoriented residents.</b>	49	70.0	65.4	55.8
<b>Residents with bed sores.</b>	1	1.4	4.2	4.7
<b>Residents receiving special skin care.</b>	50	71.4	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE ELIABETHAN NH ICF

<b>Street Address:</b> 510 PENNSYLVANIA AVE		<b>City and State:</b> ELIZABETHTOWN KY 42701	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 67	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/20/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 65	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 65	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	81.5	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	87.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	81.5	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	100	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	80.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	1.5	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	53.8	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.5	3.5	3.6
<b>Residents confined to chairs.</b>	33	50.8	47.2	39.1
<b>Residents requiring restraints.</b>	35	53.8	40.5	31.7
<b>Confused or disoriented residents.</b>	44	67.7	65.4	55.8
<b>Residents with bed sores.</b>	7	10.8	4.2	4.7
<b>Residents receiving special skin care.</b>	12	18.5	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HELMWOOD VILLAGE HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
106 DIECKS DRIVE		ELIZABETHTOWN KY 42701	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	60	PROPRIETARY	10/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
26	8	17	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	23	88.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	96.2	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	80.8	47.4	37.7
<b>Completely bedfast residents.</b>	2	7.7	6.9	3.4
<b>Residents confined to chairs.</b>	25	96.2	63.0	50.8
<b>Residents requiring restraints.</b>	5	19.2	46.6	41.3
<b>Confused or disoriented residents.</b>	3	11.5	64.9	58.4
<b>Residents with bed sores.</b>	4	15.4	9.3	7.1
<b>Residents receiving special skin care.</b>	26	100	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEDCO CENTER OF ELIZABETHTOWN

<b>Street Address:</b> 1101 WOODLAND DR		<b>City and State:</b> ELIZABETHTOWN KY 42701	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 61	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 61	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 24	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	42	68.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	68.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	44.3	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	50.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	49.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	6.6	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	21.3	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	7	11.5	47.2	39.1
<b>Residents requiring restraints.</b>	12	19.7	40.5	31.7
<b>Confused or disoriented residents.</b>	14	23.0	65.4	55.8
<b>Residents with bed sores.</b>	1	1.6	4.2	4.7
<b>Residents receiving special skin care.</b>	9	14.8	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## WOODLAND TERRACE HEALTH CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
1117 WOODLAND DR		ELIZABETHTOWN KY 42701	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	112	PROPRIETARY	08/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
111	3	91

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	104	93.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	104	93.7	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	90	81.1	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	81.1	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	95	85.6	75.8	68.2
Residents on individually written bowel and bladder retraining program.	10	9.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	41	36.9	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	86	77.5	63.0	50.8
<b>Residents requiring restraints.</b>	50	45.0	46.6	41.3
<b>Confused or disoriented residents.</b>	62	55.9	64.9	58.4
<b>Residents with bed sores.</b>	7	6.3	9.3	7.1
<b>Residents receiving special skin care.</b>	15	13.5	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE MOUNTAIN VIEW HEALTH CARE CENTER INC

<b>Street Address:</b>  US 197 BOX 650		<b>City and State:</b>  ELKHORN CITY KY 41522	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  106	<b>Type of Ownership:</b>  NON-PROFIT PRIVATE	<b>Survey Date:</b>  12/15/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  98	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  90	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	90	91.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	95.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	90	91.8	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	69.4	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	78.6	69.1	59.1
Residents on individually written bowel and bladder retraining program.	23	23.5	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	30.6	34.2	29.3
<b>Completely bedfast residents.</b>	4	4.1	3.5	3.6
<b>Residents confined to chairs.</b>	18	18.4	47.2	39.1
<b>Residents requiring restraints.</b>	59	60.2	40.5	31.7
<b>Confused or disoriented residents.</b>	45	45.9	65.4	55.8
<b>Residents with bed sores.</b>	7	7.1	4.2	4.7
<b>Residents receiving special skin care.</b>	7	7.1	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE OAKMONT MANOR ICF**

<b>Street Address:</b>		<b>City and State:</b>	
1100 GRANDVIEW DR		FLATWOODS KY 41139	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	85	PROPRIETARY	01/12/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
60	0	46		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	71.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	83.3	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	60.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	36.7	34.2	29.3
<b>Completely bedfast residents.</b>	6	10.0	3.5	3.6
<b>Residents confined to chairs.</b>	45	75.0	47.2	39.1
<b>Residents requiring restraints.</b>	24	40.0	40.5	31.7
<b>Confused or disoriented residents.</b>	47	78.3	65.4	55.8
<b>Residents with bed sores.</b>	4	6.7	4.2	4.7
<b>Residents receiving special skin care.</b>	6	10.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PIONEER TRACE

<b>Street Address:</b> RT 2 BOX 275 C		<b>City and State:</b> FLEMINGSBURG KY 41041	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 90	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 86	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 65
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	95.3	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	91.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	86.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	82.6	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	69.8	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	4.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	29.1	34.2	29.3
<b>Completely bedfast residents.</b>	7	8.1	3.5	3.6
<b>Residents confined to chairs.</b>	40	46.5	47.2	39.1
<b>Residents requiring restraints.</b>	37	43.0	40.5	31.7
<b>Confused or disoriented residents.</b>	54	62.8	65.4	55.8
<b>Residents with bed sores.</b>	1	1.2	4.2	4.7
<b>Residents receiving special skin care.</b>	10	11.6	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE FLORENCE PARK CARE CTR SNF

<b>Street Address:</b>		<b>City and State:</b>	
6975 BURLINGTON PIKE		FLORENCE KY 41042	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	150	PROPRIETARY	09/22/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
27	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	24	88.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	25	92.6	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	85.2	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	85.2	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	22	81.5	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	33.3	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	9	33.3	63.0	50.8
<b>Residents requiring restraints.</b>	5	18.5	46.6	41.3
<b>Confused or disoriented residents.</b>	7	25.9	64.9	58.4
<b>Residents with bed sores.</b>	6	22.2	9.3	7.1
<b>Residents receiving special skin care.</b>	6	22.2	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WOODSPOINT SNF

<b>Street Address:</b>		<b>City and State:</b>	
7300 WOODSPOINT DR		FLORENCE KY 41042	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	151	NON-PROFIT PRIVATE	11/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
145	4	58

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	120	82.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	125	86.2	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	129	89.0	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	83.4	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	110	75.9	75.8	68.2
Residents on individually written bowel and bladder retraining program.	4	2.8	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	91	62.8	47.4	37.7
<b>Completely bedfast residents.</b>	2	1.4	6.9	3.4
<b>Residents confined to chairs.</b>	110	75.9	63.0	50.8
<b>Residents requiring restraints.</b>	93	64.1	46.6	41.3
<b>Confused or disoriented residents.</b>	112	77.2	64.9	58.4
<b>Residents with bed sores.</b>	11	7.6	9.3	7.1
<b>Residents receiving special skin care.</b>	65	44.8	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	6.0	1123	11.9
MET	9	9.0	2045	21.6
MET	15	15.0	1662	17.6
MET	24	24.0	2739	29.0
MET	8	8.0	1389	14.7
MET	1	1.0	587	6.2
MET	1	1.0	816	8.6
MET	4	4.0	1099	11.6
MET	10	10.0	1270	13.4
MET	4	4.0	1216	12.9
NOT MET	4	4.0	1041	11.0
MET	1	1.0	1413	14.9
MET	2	2.0	1408	14.9
MET	6	6.0	2340	24.7
MET	1	1.0	700	7.4
MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE MEDCO CENTER OF FORDSVILLE

<b>Street Address:</b> HIGHWAY 54 W BOX 205		<b>City and State:</b> FORDSVILLE KY 42343	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 67	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/17/87

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
65	0	60			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		46	70.8	88.9	78.3
Dressing					
Residents requiring some or total assistance in dressing.		65	100	90.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		49	75.4	77.8	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		51	78.5	76.6	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		49	75.4	69.1	59.1
Residents on individually written bowel and bladder retraining program.		4	6.2	6.8	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		18	27.7	34.2	29.3
Completely bedfast residents.		2	3.1	3.5	3.6
Residents confined to chairs.		28	43.1	47.2	39.1
Residents requiring restraints.		36	55.4	40.5	31.7
Confused or disoriented residents.		47	72.3	65.4	55.8
Residents with bed sores.		4	6.2	4.2	4.7
Residents receiving special skin care.		5	7.7	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CAPITAL HALL SNF

<b>Street Address:</b>		<b>City and State:</b>	
1040 US 127 SOUTH		FRANKFORT KY 40601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	75	PROPRIETARY	06/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
75	0	71		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	62.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	76.0	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	72.0	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	72.0	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	53.3	75.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	25.3	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	10	13.3	63.0	50.8
<b>Residents requiring restraints.</b>	14	18.7	46.6	41.3
<b>Confused or disoriented residents.</b>	15	20.0	64.9	58.4
<b>Residents with bed sores.</b>	2	2.7	9.3	7.1
<b>Residents receiving special skin care.</b>	6	8.0	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE FRANKLIN MANOR

<b>Street Address:</b>		<b>City and State:</b>	
OLD SOLDIERS LANE		FRANKFORT KY 40601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	01/20/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
96	0	67		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	82.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	88.5	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	72	75.0	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	71.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	70	72.9	75.8	68.2
Residents on individually written bowel and bladder retraining program.	30	31.3	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	31.3	47.4	37.7
<b>Completely bedfast residents.</b>	12	12.5	6.9	3.4
<b>Residents confined to chairs.</b>	56	58.3	63.0	50.8
<b>Residents requiring restraints.</b>	42	43.8	46.6	41.3
<b>Confused or disoriented residents.</b>	64	66.7	64.9	58.4
<b>Residents with bed sores.</b>	14	14.6	9.3	7.1
<b>Residents receiving special skin care.</b>	43	44.8	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEDCO CENTER OF FRANKLIN

<b>Street Address:</b> 414 ROBEY ST BOX 367		<b>City and State:</b> FRANKLIN KY 42134	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 98	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 93	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 75			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		86	92.5	88.9	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		90	96.8	90.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		60	64.5	77.8	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		62	66.7	76.6	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		63	67.7	69.1	59.1
Residents on individually written bowel and bladder retraining program.		1	1.1	6.8	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		28	30.1	34.2	29.3
<b>Completely bedfast residents.</b>		9	9.7	3.5	3.6
<b>Residents confined to chairs.</b>		15	16.1	47.2	39.1
<b>Residents requiring restraints.</b>		11	11.8	40.5	31.7
<b>Confused or disoriented residents.</b>		55	59.1	65.4	55.8
<b>Residents with bed sores.</b>		4	4.3	4.2	4.7
<b>Residents receiving special skin care.</b>		25	26.9	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HAWES MEMORIAL NH SNF

<b>Street Address:</b>		<b>City and State:</b>	
1001-1008 HOLIDAY LANE		FULTON KY 42041	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	60	PROPRIETARY	12/15/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
60	12	18		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		46	76.7	87.0
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		53	88.3	91.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		49	81.7	83.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		40	66.7	84.6
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		27	45.0	75.8
Residents on individually written bowel and bladder retraining program.		3	5.0	5.4
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		21	35.0	47.4
<b>Completely bedfast residents.</b>		5	8.3	6.9
<b>Residents confined to chairs.</b>		32	53.3	63.0
<b>Residents requiring restraints.</b>		31	51.7	46.6
<b>Confused or disoriented residents.</b>		45	75.0	64.9
<b>Residents with bed sores.</b>		3	5.0	9.3
<b>Residents receiving special skin care.</b>		12	20.0	31.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE PARKWAY MANOR INC**

<b>Street Address:</b>		<b>City and State:</b>	
309 N HIGHLAND DR		FULTON KY 42041	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	20	PROPRIETARY	12/04/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
19	0	13	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	16	84.2	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	14	73.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	11	57.9	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	63.2	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	9	47.4	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	5.3	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	26.3	34.2	29.3
<b>Completely bedfast residents.</b>	3	15.8	3.5	3.6
<b>Residents confined to chairs.</b>	8	42.1	47.2	39.1
<b>Residents requiring restraints.</b>	12	63.2	40.5	31.7
<b>Confused or disoriented residents.</b>	9	47.4	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	11	57.9	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE DOVER MANOR INC

<b>Street Address:</b>		<b>City and State:</b>	
112 DOVER DR		GEORGETOWN KY 40324	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	85	PROPRIETARY	05/18/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
80	0	47

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	68.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	77.5	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	68.8	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	85.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	65.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	2.5	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	36.2	34.2	29.3
<b>Completely bedfast residents.</b>	2	2.5	3.5	3.6
<b>Residents confined to chairs.</b>	35	43.8	47.2	39.1
<b>Residents requiring restraints.</b>	23	28.7	40.5	31.7
<b>Confused or disoriented residents.</b>	37	46.2	65.4	55.8
<b>Residents with bed sores.</b>	5	6.3	4.2	4.7
<b>Residents receiving special skin care.</b>	35	43.8	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SPRINGHAVEN NURSING CARE

<b>Street Address:</b>		<b>City and State:</b>	
102 POCAHONTAS TRAIL		GEORGETOWN KY 40324	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	50	PROPRIETARY	08/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
49	1	37

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	95.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	43	87.8	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	79.6	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	83.7	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	85.7	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	38.8	47.4	37.7
<b>Completely bedfast residents.</b>	2	4.1	6.9	3.4
<b>Residents confined to chairs.</b>	38	77.6	63.0	50.8
<b>Residents requiring restraints.</b>	30	61.2	46.6	41.3
<b>Confused or disoriented residents.</b>	23	46.9	64.9	58.4
<b>Residents with bed sores.</b>	5	10.2	9.3	7.1
<b>Residents receiving special skin care.</b>	8	16.3	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## BARREN CO HEALTH CARE CENTER ICF

<b>Street Address:</b>		<b>City and State:</b>	
300 WESTWOOD ST		GLASGOW KY 42141	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	94	PROPRIETARY	11/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
90	0	72	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	66	73.3	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	76.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	52	57.8	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	67.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	47.8	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	33.3	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	62	68.9	47.2	39.1
<b>Residents requiring restraints.</b>	37	41.1	40.5	31.7
<b>Confused or disoriented residents.</b>	52	57.8	65.4	55.8
<b>Residents with bed sores.</b>	2	2.2	4.2	4.7
<b>Residents receiving special skin care.</b>	19	21.1	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GLASGOW STATE ICF

<b>Street Address:</b>		<b>City and State:</b>	
STATE AVE BOX 199		GLASGOW KY 42141	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	100	STATE GOVERNMENT	09/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
98	0	97	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	89.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	88	89.8	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	71.4	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	74.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	74	75.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	31.6	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.0	3.5	3.6
<b>Residents confined to chairs.</b>	46	46.9	47.2	39.1
<b>Residents requiring restraints.</b>	35	35.7	40.5	31.7
<b>Confused or disoriented residents.</b>	98	100	65.4	55.8
<b>Residents with bed sores.</b>	1	1.0	4.2	4.7
<b>Residents receiving special skin care.</b>	3	3.1	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GLENVIEW MANOR ICF

<b>Street Address:</b>		<b>City and State:</b>	
1002 GLENVIEW DR		GLASGOW KY 42141	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	10/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
58	0	48		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	94.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	91.4	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	47	81.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	69.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	38	65.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	38	65.5	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	17.2	34.2	29.3
<b>Completely bedfast residents.</b>	2	3.4	3.5	3.6
<b>Residents confined to chairs.</b>	38	65.5	47.2	39.1
<b>Residents requiring restraints.</b>	27	46.6	40.5	31.7
<b>Confused or disoriented residents.</b>	34	58.6	65.4	55.8
<b>Residents with bed sores.</b>	7	12.1	4.2	4.7
<b>Residents receiving special skin care.</b>	40	69.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HOMWOOD HEALTH CARE CENTER

<b>Street Address:</b> HOMWOOD BLVD BOX 297		<b>City and State:</b> GLASGOW KY 42141	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 184	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 172		<b>Medicare Residents:</b> 18		<b>Medicaid Residents:</b> 106			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				149	86.6	87.0	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				157	91.3	91.7	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				144	83.7	83.8	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				155	90.1	84.6	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				130	75.6	75.8	68.2
Residents on individually written bowel and bladder retraining program.				1	0.6	5.4	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				90	52.3	47.4	37.7
<b>Completely bedfast residents.</b>				8	4.7	6.9	3.4
<b>Residents confined to chairs.</b>				99	57.6	63.0	50.8
<b>Residents requiring restraints.</b>				80	46.5	46.6	41.3
<b>Confused or disoriented residents.</b>				123	71.5	64.9	58.4
<b>Residents with bed sores.</b>				17	9.9	9.3	7.1
<b>Residents receiving special skin care.</b>				18	10.5	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CARTER HEALTH CARE

<b>Street Address:</b> OLD U S 60 EAST		<b>City and State:</b> GRAYSON KY 41143	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 08/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 114	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 94	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	110	96.5	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	95	83.3	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	95	83.3	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	77.2	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	32.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	22.8	34.2	29.3
<b>Completely bedfast residents.</b>	2	1.8	3.5	3.6
<b>Residents confined to chairs.</b>	73	64.0	47.2	39.1
<b>Residents requiring restraints.</b>	33	28.9	40.5	31.7
<b>Confused or disoriented residents.</b>	66	57.9	65.4	55.8
<b>Residents with bed sores.</b>	14	12.3	4.2	4.7
<b>Residents receiving special skin care.</b>	18	15.8	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE GREEN HILL MANOR ICF**

<b>Street Address:</b>		<b>City and State:</b>	
213 INDUSTRIAL ROAD		GREENSBURG KY 42743	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	118	PROPRIETARY	04/21/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
117	0	108	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	112	95.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	94.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	78.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	87.2	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	62	53.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	10	8.5	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	27.4	34.2	29.3
<b>Completely bedfast residents.</b>	1	0.9	3.5	3.6
<b>Residents confined to chairs.</b>	50	42.7	47.2	39.1
<b>Residents requiring restraints.</b>	34	29.1	40.5	31.7
<b>Confused or disoriented residents.</b>	54	46.2	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	12	10.3	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MCDOWELL SNF

<b>Street Address:</b>		<b>City and State:</b>	
202-206 MILBY ST		GREENSBURG KY 42743	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	16	LOCAL GOVERNMENT	09/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
15	1	2	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	15	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	15	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	15	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	14	93.3	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	66.7	47.4	37.7
<b>Completely bedfast residents.</b>	2	13.3	6.9	3.4
<b>Residents confined to chairs.</b>	12	80.0	63.0	50.8
<b>Residents requiring restraints.</b>	8	53.3	46.6	41.3
<b>Confused or disoriented residents.</b>	15	100	64.9	58.4
<b>Residents with bed sores.</b>	4	26.7	9.3	7.1
<b>Residents receiving special skin care.</b>	13	86.7	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE BELLE MEADE HOME ICF

<b>Street Address:</b> 521 GREENE DR		<b>City and State:</b> GREENVILLE KY 42345	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 62	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/28/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 59	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 42	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	96.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	49	83.1	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	47	79.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	79.7	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	71.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	5	8.5	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	44.1	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	29	49.2	47.2	39.1
<b>Residents requiring restraints.</b>	36	61.0	40.5	31.7
<b>Confused or disoriented residents.</b>	41	69.5	65.4	55.8
<b>Residents with bed sores.</b>	2	3.4	4.2	4.7
<b>Residents receiving special skin care.</b>	31	52.5	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MAPLE MANOR HEALTH CARE CENTER

<b>Street Address:</b>  515 GREEN DR		<b>City and State:</b>  GREENVILLE KY 42345	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  88	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  08/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  88	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  70	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	65	73.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	94.3	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	72	81.8	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	83.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	66	75.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	5	5.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	59.1	34.2	29.3
<b>Completely bedfast residents.</b>	7	8.0	3.5	3.6
<b>Residents confined to chairs.</b>	37	42.0	47.2	39.1
<b>Residents requiring restraints.</b>	50	56.8	40.5	31.7
<b>Confused or disoriented residents.</b>	80	90.9	65.4	55.8
<b>Residents with bed sores.</b>	9	10.2	4.2	4.7
<b>Residents receiving special skin care.</b>	10	11.4	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MUHLENBERG COMMUNITY HOSP SNF

<b>Street Address:</b> 440 HOPKINSVILLE ST		<b>City and State:</b> GREENVILLE KY 42345	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 30	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 05/02/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 26	<b>Medicare Residents:</b> 13	<b>Medicaid Residents:</b> 9
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b> Residents requiring some or total assistance in bathing.	26	100	87.0	81.5
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<b>Dressing</b> Residents requiring some or total assistance in dressing.	26	100	91.7	83.2
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<b>Toileting</b> Residents requiring some or total assistance in toileting.	26	100	83.8	73.8
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<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	84.6	77.2
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<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	26	100	75.8	68.2
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Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
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<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	25	96.2	47.4	37.7
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<b>Completely bedfast residents.</b>	14	53.8	6.9	3.4
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<b>Residents confined to chairs.</b>	11	42.3	63.0	50.8
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<b>Residents requiring restraints.</b>	6	23.1	46.6	41.3
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<b>Confused or disoriented residents.</b>	24	92.3	64.9	58.4
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<b>Residents with bed sores.</b>	9	34.6	9.3	7.1
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<b>Residents receiving special skin care.</b>	10	38.5	31.0	31.2
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## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BRECKINRIDGE MEMORIAL HOSP

<b>Street Address:</b> RT 1 BOX 133A		<b>City and State:</b> HARDINSBURG KY 40143	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 18	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 02/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 5	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	5	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	5	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	5	100	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	4	80.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	20.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	3	60.0	34.2	29.3
<b>Completely bedfast residents.</b>	1	20.0	3.5	3.6
<b>Residents confined to chairs.</b>	2	40.0	47.2	39.1
<b>Residents requiring restraints.</b>	1	20.0	40.5	31.7
<b>Confused or disoriented residents.</b>	2	40.0	65.4	55.8
<b>Residents with bed sores.</b>	1	20.0	4.2	4.7
<b>Residents receiving special skin care.</b>	1	20.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE MEDCO CENTER OF HARDINSBURG

<b>Street Address:</b>		<b>City and State:</b>	
RT 1 BOX 134		HARDINSBURG KY 40143	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	63	PROPRIETARY	09/16/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
61	0	47		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		51	83.6	88.9
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		55	90.2	90.0
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		42	68.9	77.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		40	65.6	76.6
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		38	62.3	69.1
Residents on individually written bowel and bladder retraining program.		4	6.6	6.8
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		15	24.6	34.2
<b>Completely bedfast residents.</b>		0	0.0	3.5
<b>Residents confined to chairs.</b>		45	73.8	47.2
<b>Residents requiring restraints.</b>		19	31.1	40.5
<b>Confused or disoriented residents.</b>		30	49.2	65.4
<b>Residents with bed sores.</b>		3	4.9	4.2
<b>Residents receiving special skin care.</b>		8	13.1	22.5

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HARLAN NH

<b>Street Address:</b>		<b>City and State:</b>	
MOUNTED ROUTE 1 HWY 421 S BOX 895		HARLAN KY 40831	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	143	PROPRIETARY	01/22/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
138	4	121			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		95	68.8	87.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		109	79.0	91.7	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		111	80.4	83.8	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		110	79.7	84.6	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		111	80.4	75.8	68.2
Residents on individually written bowel and bladder retraining program.		2	1.4	5.4	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		67	48.6	47.4	37.7
<b>Completely bedfast residents.</b>		4	2.9	6.9	3.4
<b>Residents confined to chairs.</b>		96	69.6	63.0	50.8
<b>Residents requiring restraints.</b>		51	37.0	46.6	41.3
<b>Confused or disoriented residents.</b>		101	73.2	64.9	58.4
<b>Residents with bed sores.</b>		7	5.1	9.3	7.1
<b>Residents receiving special skin care.</b>		11	8.0	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HARRODSBURG HEALTH CARE MANOR ICF

<b>Street Address:</b>		<b>City and State:</b>	
853 LEXINGTON ROAD		HARRODSBURG KY 40330	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	106	PROPRIETARY	07/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
97	0	79	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	81.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	80.4	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	69	71.1	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	60.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	72	74.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	5	5.2	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	38.1	34.2	29.3
<b>Completely bedfast residents.</b>	5	5.2	3.5	3.6
<b>Residents confined to chairs.</b>	52	53.6	47.2	39.1
<b>Residents requiring restraints.</b>	20	20.6	40.5	31.7
<b>Confused or disoriented residents.</b>	68	70.1	65.4	55.8
<b>Residents with bed sores.</b>	3	3.1	4.2	4.7
<b>Residents receiving special skin care.</b>	25	25.8	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PROFESSIONAL CARE HOME ICF

<b>Street Address:</b>		<b>City and State:</b>	
114 MCMURTY AVE		HARTFORD KY 42347	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	129	PROPRIETARY	07/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
126	0	101	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	108	85.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	107	84.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	74.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	78.6	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	101	80.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	15	11.9	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	65	51.6	34.2	29.3
<b>Completely bedfast residents.</b>	3	2.4	3.5	3.6
<b>Residents confined to chairs.</b>	72	57.1	47.2	39.1
<b>Residents requiring restraints.</b>	73	57.9	40.5	31.7
<b>Confused or disoriented residents.</b>	88	69.8	65.4	55.8
<b>Residents with bed sores.</b>	15	11.9	4.2	4.7
<b>Residents receiving special skin care.</b>	39	31.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HAZARD NH

<b>Street Address:</b>  PO BOX 1329		<b>City and State:</b>  HAZARD KY 41701	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  150	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  11/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  150	<b>Medicare Residents:</b>  10	<b>Medicaid Residents:</b>  129		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	128	85.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	132	88.0	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	120	80.0	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	82.0	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	96	64.0	75.8	68.2
Residents on individually written bowel and bladder retraining program.	8	5.3	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	77	51.3	47.4	37.7
<b>Completely bedfast residents.</b>	3	2.0	6.9	3.4
<b>Residents confined to chairs.</b>	120	80.0	63.0	50.8
<b>Residents requiring restraints.</b>	107	71.3	46.6	41.3
<b>Confused or disoriented residents.</b>	52	34.7	64.9	58.4
<b>Residents with bed sores.</b>	21	14.0	9.3	7.1
<b>Residents receiving special skin care.</b>	15	10.0	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE MEDCO CENTER OF HENDERSON

<b>Street Address:</b>		<b>City and State:</b>	
2500 N ELM ST		HENDERSON KY 42420	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	100	PROPRIETARY	09/18/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
97	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	85	87.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	87	89.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	79	81.4	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	76.3	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	78.4	69.1	59.1
Residents on individually written bowel and bladder retraining program.	18	18.6	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	27.8	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	38	39.2	47.2	39.1
<b>Residents requiring restraints.</b>	34	35.1	40.5	31.7
<b>Confused or disoriented residents.</b>	45	46.4	65.4	55.8
<b>Residents with bed sores.</b>	1	1.0	4.2	4.7
<b>Residents receiving special skin care.</b>	27	27.8	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE REDBANKS NH SNF

<b>Street Address:</b>		<b>City and State:</b>	
851 KIMSEY LANE		HENDERSON KY 42420	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	222	NON-PROFIT PRIVATE	12/17/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
220	5	192		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	201	91.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	208	94.5	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	178	80.9	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	201	91.4	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	157	71.4	75.8	68.2
Residents on individually written bowel and bladder retraining program.	16	7.3	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	111	50.5	47.4	37.7
<b>Completely bedfast residents.</b>	15	6.8	6.9	3.4
<b>Residents confined to chairs.</b>	108	49.1	63.0	50.8
<b>Residents requiring restraints.</b>	113	51.4	46.6	41.3
<b>Confused or disoriented residents.</b>	113	51.4	64.9	58.4
<b>Residents with bed sores.</b>	11	5.0	9.3	7.1
<b>Residents receiving special skin care.</b>	67	30.5	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LAKESIDE PLACE

<b>Street Address:</b>		<b>City and State:</b>	
3510 ALEXANDRIA PIKE		HIGHLAND HEIGHTS KY 41076	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	286	NON-PROFIT PRIVATE	11/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
280	4	242	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	266	95.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	249	88.9	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	210	75.0	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	224	80.0	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	216	77.1	75.8	68.2
Residents on individually written bowel and bladder retraining program.	2	0.7	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	97	34.6	47.4	37.7
<b>Completely bedfast residents.</b>	27	9.6	6.9	3.4
<b>Residents confined to chairs.</b>	189	67.5	63.0	50.8
<b>Residents requiring restraints.</b>	84	30.0	46.6	41.3
<b>Confused or disoriented residents.</b>	203	72.5	64.9	58.4
<b>Residents with bed sores.</b>	25	8.9	9.3	7.1
<b>Residents receiving special skin care.</b>	91	32.5	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE KNOTT CO NH

<b>Street Address:</b> HCR 60 BOX 985		<b>City and State:</b> HINDMAN KY 41822	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 82	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 76	<b>Medicare Residents:</b> 7	<b>Medicaid Residents:</b> 62		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	68	89.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	67	88.2	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	73.7	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	75.0	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	61.8	75.8	68.2
Residents on individually written bowel and bladder retraining program.	5	6.6	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	52.6	47.4	37.7
<b>Completely bedfast residents.</b>	4	5.3	6.9	3.4
<b>Residents confined to chairs.</b>	32	42.1	63.0	50.8
<b>Residents requiring restraints.</b>	36	47.4	46.6	41.3
<b>Confused or disoriented residents.</b>	29	38.2	64.9	58.4
<b>Residents with bed sores.</b>	6	7.9	9.3	7.1
<b>Residents receiving special skin care.</b>	14	18.4	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SUNRISE MANOR NH SNF

<b>Street Address:</b>		<b>City and State:</b>	
PHILLIPS LANE RT 3 BOX 9		HODGENVILLE KY 42748	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	122	NON-PROFIT OTHER	09/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
117	5	62

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	95	81.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	103	88.0	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	83	70.9	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	82.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	65.8	75.8	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	68	58.1	47.4	37.7
<b>Completely bedfast residents.</b>	5	4.3	6.9	3.4
<b>Residents confined to chairs.</b>	57	48.7	63.0	50.8
<b>Residents requiring restraints.</b>	83	70.9	46.6	41.3
<b>Confused or disoriented residents.</b>	69	59.0	64.9	58.4
<b>Residents with bed sores.</b>	8	6.8	9.3	7.1
<b>Residents receiving special skin care.</b>	37	31.6	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CHRISTIAN HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
200 STERLING DR		HOPKINSVILLE KY 42240	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	112	NON-PROFIT RELIGIOUS	11/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
108	2	52	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	68	63.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	71.3	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	50.9	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	51.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	50	46.3	75.8	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	26.9	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	43	39.8	63.0	50.8
<b>Residents requiring restraints.</b>	15	13.9	46.6	41.3
<b>Confused or disoriented residents.</b>	53	49.1	64.9	58.4
<b>Residents with bed sores.</b>	3	2.8	9.3	7.1
<b>Residents receiving special skin care.</b>	33	30.6	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PINECREST MANOR

<b>Street Address:</b>  HIGHPOINT DR BOX 614		<b>City and State:</b>  HOPKINSVILLE KY 42240	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  115	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  04/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  113	<b>Medicare Residents:</b>  3	<b>Medicaid Residents:</b>  101		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	77	68.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	98	86.7	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	86	76.1	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	61.1	75.8	68.2
Residents on individually written bowel and bladder retraining program.	14	12.4	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	30.1	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	66	58.4	63.0	50.8
<b>Residents requiring restraints.</b>	58	51.3	46.6	41.3
<b>Confused or disoriented residents.</b>	66	58.4	64.9	58.4
<b>Residents with bed sores.</b>	3	2.7	9.3	7.1
<b>Residents receiving special skin care.</b>	52	46.0	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE SCOVINGTONS CONVALESCENT CENTER

<b>Street Address:</b> 115 CAYCE ST		<b>City and State:</b> HOPKINSVILLE KY 42240	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 72	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 12/09/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 71	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 46
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	68	95.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	59	83.1	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	77.5	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	69.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	47.9	69.1	59.1
Residents on individually written bowel and bladder retraining program.	5	7.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	45.1	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.4	3.5	3.6
<b>Residents confined to chairs.</b>	36	50.7	47.2	39.1
<b>Residents requiring restraints.</b>	24	33.8	40.5	31.7
<b>Confused or disoriented residents.</b>	54	76.1	65.4	55.8
<b>Residents with bed sores.</b>	2	2.8	4.2	4.7
<b>Residents receiving special skin care.</b>	71	100	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WESTERN STATE HOSP

<b>Street Address:</b>		<b>City and State:</b>	
RUSSELLVILLE RD BOX 2200		HOPKINSVILLE KY 42240	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	144	STATE GOVERNMENT	11/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
140	0	140		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	124	88.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	138	98.6	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	95	67.9	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	100	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	99	70.7	69.1	59.1
Residents on individually written bowel and bladder retraining program.	16	11.4	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	32.1	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	56	40.0	47.2	39.1
<b>Residents requiring restraints.</b>	20	14.3	40.5	31.7
<b>Confused or disoriented residents.</b>	140	100	65.4	55.8
<b>Residents with bed sores.</b>	8	5.7	4.2	4.7
<b>Residents receiving special skin care.</b>	22	15.7	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE IRVINE HEALTH CARE CENTER ICF

<b>Street Address:</b>		<b>City and State:</b>	
WALLACE DR		IRVINE KY 40336	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	78	PROPRIETARY	09/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
78	0	76	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	70	89.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	72	92.3	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	89.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	89.7	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	88.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	5.1	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	25.6	34.2	29.3
<b>Completely bedfast residents.</b>	3	3.8	3.5	3.6
<b>Residents confined to chairs.</b>	46	59.0	47.2	39.1
<b>Residents requiring restraints.</b>	9	11.5	40.5	31.7
<b>Confused or disoriented residents.</b>	31	39.7	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	18	23.1	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE NIM HENSON GERIATRIC CENTER SNF

<b>Street Address:</b>		<b>City and State:</b>	
JETT SUBDIVISION BOX 636		JACKSON KY 41339	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	122	NON-PROFIT OTHER	11/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
120	3	105		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	113	94.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	91.7	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	91	75.8	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	75.0	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	84	70.0	75.8	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	72	60.0	47.4	37.7
<b>Completely bedfast residents.</b>	3	2.5	6.9	3.4
<b>Residents confined to chairs.</b>	80	66.7	63.0	50.8
<b>Residents requiring restraints.</b>	80	66.7	46.6	41.3
<b>Confused or disoriented residents.</b>	72	60.0	64.9	58.4
<b>Residents with bed sores.</b>	6	5.0	9.3	7.1
<b>Residents receiving special skin care.</b>	5	4.2	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE FAIR OAKS NH

<b>Street Address:</b> PO BOX 140		<b>City and State:</b> JAMESTOWN KY 42629	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 94	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/25/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 94	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 90	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	85	90.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	74	78.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	66	70.2	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	72.3	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	59.6	69.1	59.1
Residents on individually written bowel and bladder retraining program.	7	7.4	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	33.0	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	60	63.8	47.2	39.1
<b>Residents requiring restraints.</b>	51	54.3	40.5	31.7
<b>Confused or disoriented residents.</b>	72	76.6	65.4	55.8
<b>Residents with bed sores.</b>	4	4.3	4.2	4.7
<b>Residents receiving special skin care.</b>	30	31.9	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE LOUISVILLE LUTHERAN HOME

<b>Street Address:</b>		<b>City and State:</b>	
10617 WATTERSON TRAIL		JEFFERSONTOWN KY 40299	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	NON-PROFIT RELIGIOUS	04/04/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
55	0	35	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	49	89.1	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	78.2	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	78.2	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	67.3	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	7.3	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	34.5	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.8	3.5	3.6
<b>Residents confined to chairs.</b>	21	38.2	47.2	39.1
<b>Residents requiring restraints.</b>	24	43.6	40.5	31.7
<b>Confused or disoriented residents.</b>	37	67.3	65.4	55.8
<b>Residents with bed sores.</b>	1	1.8	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HILLTOP REST HOME

<b>Street Address:</b>		<b>City and State:</b>	
LAKE BARKLEY DR BOX 188		KUTTAWA KY 42055	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	96	NON-PROFIT PRIVATE	07/02/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
96	0	76

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	64	66.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	87.5	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	81	84.4	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	81.3	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	71.9	69.1	59.1
Residents on individually written bowel and bladder retraining program.	9	9.4	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	44	45.8	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	37	38.5	47.2	39.1
<b>Residents requiring restraints.</b>	54	56.3	40.5	31.7
<b>Confused or disoriented residents.</b>	58	60.4	65.4	55.8
<b>Residents with bed sores.</b>	3	3.1	4.2	4.7
<b>Residents receiving special skin care.</b>	17	17.7	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LIFE CARE CENTER OF LACENTER ICF

<b>Street Address:</b>		<b>City and State:</b>	
FIFTH PINE ST BOX 269		LACENTER KY 42056	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	70	PROPRIETARY	12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
69	0	57

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	69	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	66	95.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	61	88.4	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	91.3	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	59.4	69.1	59.1
Residents on individually written bowel and bladder retraining program.	8	11.6	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	37.7	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.4	3.5	3.6
<b>Residents confined to chairs.</b>	34	49.3	47.2	39.1
<b>Residents requiring restraints.</b>	12	17.4	40.5	31.7
<b>Confused or disoriented residents.</b>	26	37.7	65.4	55.8
<b>Residents with bed sores.</b>	4	5.8	4.2	4.7
<b>Residents receiving special skin care.</b>	12	17.4	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TRI-COUNTY COMMUNITY HOSP SNF

<b>Street Address:</b> 1025 NEW MOODY LANE		<b>City and State:</b> LAGRANGE KY 40031	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 25	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 1	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	1	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	1	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	1	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	100	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	1	100	63.0	50.8
<b>Residents requiring restraints.</b>	1	100	46.6	41.3
<b>Confused or disoriented residents.</b>	1	100	64.9	58.4
<b>Residents with bed sores.</b>	0	0.0	9.3	7.1
<b>Residents receiving special skin care.</b>	0	0.0	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GARRARD CO MEMORIAL HOSP

<b>Street Address:</b> 308 W MAPLE ST		<b>City and State:</b> LANCASTER KY 40444	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 03/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 48	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 24	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	43	89.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	45	93.8	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	75.0	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	68.8	75.8	68.2
Residents on individually written bowel and bladder retraining program.	2	4.2	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	50.0	47.4	37.7
<b>Completely bedfast residents.</b>	11	22.9	6.9	3.4
<b>Residents confined to chairs.</b>	17	35.4	63.0	50.8
<b>Residents requiring restraints.</b>	8	16.7	46.6	41.3
<b>Confused or disoriented residents.</b>	25	52.1	64.9	58.4
<b>Residents with bed sores.</b>	2	4.2	9.3	7.1
<b>Residents receiving special skin care.</b>	13	27.1	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE HALL CARE CENTER ICF

<b>Street Address:</b>		<b>City and State:</b>	
331 S MAIN ST		LAWRENCEBURG KY 40342	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	57	PROPRIETARY	05/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
56	45	11	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	56	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	56	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	78.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	67.9	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	69.6	69.1	59.1
Residents on individually written bowel and bladder retraining program.	22	39.3	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	53.6	34.2	29.3
<b>Completely bedfast residents.</b>	3	5.4	3.5	3.6
<b>Residents confined to chairs.</b>	19	33.9	47.2	39.1
<b>Residents requiring restraints.</b>	5	8.9	40.5	31.7
<b>Confused or disoriented residents.</b>	32	57.1	65.4	55.8
<b>Residents with bed sores.</b>	5	8.9	4.2	4.7
<b>Residents receiving special skin care.</b>	9	16.1	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CEDARS OF LEBANON ICF

<b>Street Address:</b>		<b>City and State:</b>	
244 S HARRISON ST		LEBANON KY 40033	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	81	PROPRIETARY	06/11/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
81	0	68		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	97.5	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	81	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	61.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	61.7	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	45.7	69.1	59.1
Residents on individually written bowel and bladder retraining program.	3	3.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	14.8	34.2	29.3
<b>Completely bedfast residents.</b>	5	6.2	3.5	3.6
<b>Residents confined to chairs.</b>	48	59.3	47.2	39.1
<b>Residents requiring restraints.</b>	21	25.9	40.5	31.7
<b>Confused or disoriented residents.</b>	30	37.0	65.4	55.8
<b>Residents with bed sores.</b>	2	2.5	4.2	4.7
<b>Residents receiving special skin care.</b>	16	19.8	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GRAYSON MANOR

<b>Street Address:</b> 349 EAST LAKE DR		<b>City and State:</b> LEITCHFIELD KY 42754	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 72	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 04/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 66	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 50	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	64	97.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	63	95.5	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	83.3	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	72.7	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	78.8	75.8	68.2
Residents on individually written bowel and bladder retraining program.	6	9.1	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	13.6	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	15	22.7	63.0	50.8
<b>Residents requiring restraints.</b>	15	22.7	46.6	41.3
<b>Confused or disoriented residents.</b>	46	69.7	64.9	58.4
<b>Residents with bed sores.</b>	2	3.0	9.3	7.1
<b>Residents receiving special skin care.</b>	32	48.5	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	513	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE LEITCHFIELD HEALTH CARE MANOR

<b>Street Address:</b>  WALLACE AV BOX 466		<b>City and State:</b>  LEITCHFIELD KY 42754	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  50	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  09/16/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  47	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  42
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	45	95.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	97.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	37	78.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	91.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	89.4	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	46.8	34.2	29.3
<b>Completely bedfast residents.</b>	1	2.1	3.5	3.6
<b>Residents confined to chairs.</b>	28	59.6	47.2	39.1
<b>Residents requiring restraints.</b>	23	48.9	40.5	31.7
<b>Confused or disoriented residents.</b>	25	53.2	65.4	55.8
<b>Residents with bed sores.</b>	2	4.3	4.2	4.7
<b>Residents receiving special skin care.</b>	15	31.9	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE DARBY SQUARE

<b>Street Address:</b> 2770 PALUMBO DR		<b>City and State:</b> LEXINGTON KY 40509	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 22	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 22	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	20	90.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	20	90.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	20	90.9	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	86.4	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	19	86.4	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	40.9	34.2	29.3
<b>Completely bedfast residents.</b>	1	4.5	3.5	3.6
<b>Residents confined to chairs.</b>	8	36.4	47.2	39.1
<b>Residents requiring restraints.</b>	7	31.8	40.5	31.7
<b>Confused or disoriented residents.</b>	18	81.8	65.4	55.8
<b>Residents with bed sores.</b>	1	4.5	4.2	4.7
<b>Residents receiving special skin care.</b>	6	27.3	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HARMONY NH ICF

<b>Street Address:</b>		<b>City and State:</b>	
909 GEORGETOWN ST		LEXINGTON KY 40511	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	52	PROPRIETARY	12/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
51	0	51		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	94.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	94.1	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	94.1	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	94.1	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	72.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	3	5.9	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	33.3	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	18	35.3	47.2	39.1
<b>Residents requiring restraints.</b>	2	3.9	40.5	31.7
<b>Confused or disoriented residents.</b>	45	88.2	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	8	15.7	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HARRISONS SANITARIUM INC

<b>Street Address:</b>		<b>City and State:</b>	
1537 N LIMESTONE ST		LEXINGTON KY 40505	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	77	PROPRIETARY	06/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
74	6	50		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	42	56.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	59	79.7	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	52	70.3	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	73.0	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	70.3	75.8	68.2
Residents on individually written bowel and bladder retraining program.	4	5.4	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	52.7	47.4	37.7
<b>Completely bedfast residents.</b>	2	2.7	6.9	3.4
<b>Residents confined to chairs.</b>	40	54.1	63.0	50.8
<b>Residents requiring restraints.</b>	39	52.7	46.6	41.3
<b>Confused or disoriented residents.</b>	42	56.8	64.9	58.4
<b>Residents with bed sores.</b>	10	13.5	9.3	7.1
<b>Residents receiving special skin care.</b>	29	39.2	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HOMESTEAD NURSING CENTER SNF

<b>Street Address:</b>		<b>City and State:</b>	
1608 VERSAILLES RD		LEXINGTON KY 40504	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	128	PROPRIETARY	01/29/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
125	3	78		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	107	85.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	100	80.0	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	96	76.8	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	77.6	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	89	71.2	75.8	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	44.0	47.4	37.7
<b>Completely bedfast residents.</b>	11	8.8	6.9	3.4
<b>Residents confined to chairs.</b>	84	67.2	63.0	50.8
<b>Residents requiring restraints.</b>	70	56.0	46.6	41.3
<b>Confused or disoriented residents.</b>	84	67.2	64.9	58.4
<b>Residents with bed sores.</b>	17	13.6	9.3	7.1
<b>Residents receiving special skin care.</b>	32	25.6	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE JULIUS MARKS HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
866 GEORGETOWN ST		LEXINGTON KY 40508	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	73	NON-PROFIT PRIVATE	08/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
71	0	71	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	45	63.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	74.6	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	60.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	62.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	52.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	9.9	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	2	2.8	47.2	39.1
<b>Residents requiring restraints.</b>	5	7.0	40.5	31.7
<b>Confused or disoriented residents.</b>	30	42.3	65.4	55.8
<b>Residents with bed sores.</b>	4	5.6	4.2	4.7
<b>Residents receiving special skin care.</b>	31	43.7	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LEXINGTON COUNTRY PLACE SNF

<b>Street Address:</b>		<b>City and State:</b>	
700 MASON HEADLEY RD		LEXINGTON KY 40504	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	111	PROPRIETARY	07/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
110	0	12		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	87.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	106	96.4	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	100	90.9	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	89.1	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	90	81.8	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	30.9	47.4	37.7
<b>Completely bedfast residents.</b>	5	4.5	6.9	3.4
<b>Residents confined to chairs.</b>	66	60.0	63.0	50.8
<b>Residents requiring restraints.</b>	37	33.6	46.6	41.3
<b>Confused or disoriented residents.</b>	83	75.5	64.9	58.4
<b>Residents with bed sores.</b>	4	3.6	9.3	7.1
<b>Residents receiving special skin care.</b>	5	4.5	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LEXINGTON MANOR HEALTH CARE

<b>Street Address:</b>		<b>City and State:</b>	
353 WALLER AVE		LEXINGTON KY 40504	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	10/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
167	4	116		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	157	94.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	157	94.0	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	147	88.0	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	62.3	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	104	62.3	75.8	68.2
Residents on individually written bowel and bladder retraining program.	10	6.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	31.1	47.4	37.7
<b>Completely bedfast residents.</b>	13	7.8	6.9	3.4
<b>Residents confined to chairs.</b>	69	41.3	63.0	50.8
<b>Residents requiring restraints.</b>	65	38.9	46.6	41.3
<b>Confused or disoriented residents.</b>	148	88.6	64.9	58.4
<b>Residents with bed sores.</b>	37	22.2	9.3	7.1
<b>Residents receiving special skin care.</b>	105	62.9	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MAYFAIR MANOR

<b>Street Address:</b>  3300 TATES CREEK RD		<b>City and State:</b>  LEXINGTON KY 40502	
<b>Participation:</b>  MEDICARE/MEDICAID SNF	<b># of Beds:</b>  50	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  02/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  49	<b>Medicare Residents:</b>  4	<b>Medicaid Residents:</b>  4	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	89.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	98.0	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	87.8	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	73.5	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	71.4	75.8	68.2
Residents on individually written bowel and bladder retraining program.	2	4.1	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	53.1	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	19	38.8	63.0	50.8
<b>Residents requiring restraints.</b>	11	22.4	46.6	41.3
<b>Confused or disoriented residents.</b>	20	40.8	64.9	58.4
<b>Residents with bed sores.</b>	6	12.2	9.3	7.1
<b>Residents receiving special skin care.</b>	9	18.4	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## MEADOWBROOK HOME INC ICF

<b>Street Address:</b>		<b>City and State:</b>	
2020 CAMBRIDGE DR		LEXINGTON KY 40504	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	106	PROPRIETARY	10/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
105	0	69	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	105	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	97	92.4	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	92.4	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	69.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	81	77.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	1.9	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	41.0	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	66	62.9	47.2	39.1
<b>Residents requiring restraints.</b>	46	43.8	40.5	31.7
<b>Confused or disoriented residents.</b>	58	55.2	65.4	55.8
<b>Residents with bed sores.</b>	3	2.9	4.2	4.7
<b>Residents receiving special skin care.</b>	16	15.2	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE ROSE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
3057 CLEVELAND RD N		LEXINGTON KY 40516	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	34	PROPRIETARY	11/16/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
34	0	28	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	22	64.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	23	67.6	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	20	58.8	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	61.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	16	47.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	11.8	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	20.6	34.2	29.3
<b>Completely bedfast residents.</b>	1	2.9	3.5	3.6
<b>Residents confined to chairs.</b>	12	35.3	47.2	39.1
<b>Residents requiring restraints.</b>	9	26.5	40.5	31.7
<b>Confused or disoriented residents.</b>	16	47.1	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	4	11.8	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SAYRE CHRISTIAN VILLAGE

<b>Street Address:</b>		<b>City and State:</b>	
3840 CAMELOT DRIVE		LEXINGTON KY 40503	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	99	NON-PROFIT RELIGIOUS	02/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
98	0	70	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	98	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	95	96.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	76.5	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	84.7	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	67	68.4	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	1.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	18.4	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.0	3.5	3.6
<b>Residents confined to chairs.</b>	39	39.8	47.2	39.1
<b>Residents requiring restraints.</b>	28	28.6	40.5	31.7
<b>Confused or disoriented residents.</b>	68	69.4	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	16	16.3	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE TATES CREEK PERSONAL CARE

<b>Street Address:</b> 3576 PIMLICO PARKWAY		<b>City and State:</b> LEXINGTON KY 40502	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 136	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/15/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 98	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 67	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	36	36.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	74	75.5	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	71.4	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	71.4	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	56.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	7	7.1	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	24.5	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.0	3.5	3.6
<b>Residents confined to chairs.</b>	83	84.7	47.2	39.1
<b>Residents requiring restraints.</b>	46	46.9	40.5	31.7
<b>Confused or disoriented residents.</b>	47	48.0	65.4	55.8
<b>Residents with bed sores.</b>	1	1.0	4.2	4.7
<b>Residents receiving special skin care.</b>	58	59.2	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CASEY CO WAR MEMORIAL HOSP

<b>Street Address:</b>		<b>City and State:</b>	
RT 2 BOX 569A		LIBERTY KY 42539	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	9	NON-PROFIT OTHER	11/30/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
4	0	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	4	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	4	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	4	100	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	4	100	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	100	34.2	29.3
<b>Completely bedfast residents.</b>	1	25.0	3.5	3.6
<b>Residents confined to chairs.</b>	2	50.0	47.2	39.1
<b>Residents requiring restraints.</b>	1	25.0	40.5	31.7
<b>Confused or disoriented residents.</b>	2	50.0	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LAUREL HEIGHTS HOME FOR THE ELDERLY

<b>Street Address:</b>		<b>City and State:</b>	
208 W 12TH ST		LONDON KY 40741	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	143	LOCAL GOVERNMENT	01/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
129	4	103		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	127	98.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	128	99.2	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	106	82.2	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	92.2	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	108	83.7	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	89	69.0	47.4	37.7
<b>Completely bedfast residents.</b>	17	13.2	6.9	3.4
<b>Residents confined to chairs.</b>	71	55.0	63.0	50.8
<b>Residents requiring restraints.</b>	72	55.8	46.6	41.3
<b>Confused or disoriented residents.</b>	110	85.3	64.9	58.4
<b>Residents with bed sores.</b>	5	3.9	9.3	7.1
<b>Residents receiving special skin care.</b>	56	43.4	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## J J JORDAN GERIATRIC CENTER

<b>Street Address:</b>		<b>City and State:</b>	
EAST CLAYTON LANE		LOUISA KY 41230	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	104	PROPRIETARY	03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
102	6	90		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	101	99.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	98	96.1	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	90.2	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	91.2	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	69.6	75.8	68.2
Residents on individually written bowel and bladder retraining program.	7	6.9	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	58.8	47.4	37.7
<b>Completely bedfast residents.</b>	2	2.0	6.9	3.4
<b>Residents confined to chairs.</b>	76	74.5	63.0	50.8
<b>Residents requiring restraints.</b>	69	67.6	46.6	41.3
<b>Confused or disoriented residents.</b>	81	79.4	64.9	58.4
<b>Residents with bed sores.</b>	15	14.7	9.3	7.1
<b>Residents receiving special skin care.</b>	62	60.8	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BAPTIST HOME EAST

<b>Street Address:</b>		<b>City and State:</b>	
3001 HOUNZ LANE		LOUISVILLE KY 40241	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	90	NON-PROFIT PRIVATE	01/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
87	0	63

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	87	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	95.4	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	79	90.8	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	79.3	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	92.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	6	6.9	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	42	48.3	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	63	72.4	47.2	39.1
<b>Residents requiring restraints.</b>	52	59.8	40.5	31.7
<b>Confused or disoriented residents.</b>	45	51.7	65.4	55.8
<b>Residents with bed sores.</b>	2	2.3	4.2	4.7
<b>Residents receiving special skin care.</b>	6	6.9	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE BASHFORD EAST HEALTH CARE

<b>Street Address:</b>		<b>City and State:</b>	
3535 BARDSTOWN RD		LOUISVILLE KY 40218	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	97	PROPRIETARY	08/27/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
97	0	87	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	88.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	93	95.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	81	83.5	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	74.2	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	78.4	69.1	59.1
Residents on individually written bowel and bladder retraining program.	3	3.1	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	61	62.9	34.2	29.3
<b>Completely bedfast residents.</b>	3	3.1	3.5	3.6
<b>Residents confined to chairs.</b>	69	71.1	47.2	39.1
<b>Residents requiring restraints.</b>	45	46.4	40.5	31.7
<b>Confused or disoriented residents.</b>	71	73.2	65.4	55.8
<b>Residents with bed sores.</b>	5	5.2	4.2	4.7
<b>Residents receiving special skin care.</b>	13	13.4	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BRIARWOOD NURSING CONVALESCENT CENTER

<b>Street Address:</b> 4300 HAZELWOOD AVE		<b>City and State:</b> LOUISVILLE KY 40215	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 78	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/24/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
70	6	38			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		60	85.7	87.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		64	91.4	91.7	83.2
Toileting					
Residents requiring some or total assistance in toileting.		63	90.0	83.8	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		61	87.1	84.6	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		61	87.1	75.8	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	5.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		42	60.0	47.4	37.7
Completely bedfast residents.		13	18.6	6.9	3.4
Residents confined to chairs.		40	57.1	63.0	50.8
Residents requiring restraints.		59	84.3	46.6	41.3
Confused or disoriented residents.		59	84.3	64.9	58.4
Residents with bed sores.		13	18.6	9.3	7.1
Residents receiving special skin care.		52	74.3	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BRITTHAVEN OF SOUTH LOUISVILLE

<b>Street Address:</b> 9600 LAMBORNE BLVD		<b>City and State:</b> LOUISVILLE KY 40272	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 128	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 123	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 110	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	113	91.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	116	94.3	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	104	84.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	87.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	111	90.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	0.8	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	32.5	34.2	29.3
<b>Completely bedfast residents.</b>	2	1.6	3.5	3.6
<b>Residents confined to chairs.</b>	94	76.4	47.2	39.1
<b>Residents requiring restraints.</b>	73	59.3	40.5	31.7
<b>Confused or disoriented residents.</b>	87	70.7	65.4	55.8
<b>Residents with bed sores.</b>	4	3.3	4.2	4.7
<b>Residents receiving special skin care.</b>	36	29.3	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CHRISTIAN HEALTH CENTER

<b>Street Address:</b>		<b>City and State:</b>	
920 S 4 ST		LOUISVILLE KY 40203	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	01/11/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
114	2	75	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	87	76.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	94.7	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	85.1	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	85.1	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	71.9	75.8	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	37.7	47.4	37.7
<b>Completely bedfast residents.</b>	1	0.9	6.9	3.4
<b>Residents confined to chairs.</b>	85	74.6	63.0	50.8
<b>Residents requiring restraints.</b>	53	46.5	46.6	41.3
<b>Confused or disoriented residents.</b>	68	59.6	64.9	58.4
<b>Residents with bed sores.</b>	9	7.9	9.3	7.1
<b>Residents receiving special skin care.</b>	28	24.6	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CHRISTOPHER EAST NURSING CENTER

<b>Street Address:</b> 4200 BROWNS LANE		<b>City and State:</b> LOUISVILLE KY 40220	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 90	<b>Medicare Residents:</b> 16	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	51.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	93.3	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	79	87.8	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	98.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	84	93.3	75.8	68.2
Residents on individually written bowel and bladder retraining program.	4	4.4	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	50.0	47.4	37.7
<b>Completely bedfast residents.</b>	12	13.3	6.9	3.4
<b>Residents confined to chairs.</b>	35	38.9	63.0	50.8
<b>Residents requiring restraints.</b>	47	52.2	46.6	41.3
<b>Confused or disoriented residents.</b>	85	94.4	64.9	58.4
<b>Residents with bed sores.</b>	4	4.4	9.3	7.1
<b>Residents receiving special skin care.</b>	37	41.1	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE EPISCOPAL CHURCH HOME

<b>Street Address:</b>		<b>City and State:</b>	
1201 LYNDON LANE		LOUISVILLE KY 40222	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	93	NON-PROFIT RELIGIOUS	07/09/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
85	0	9	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	85	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	72	84.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	84.7	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	64	75.3	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	4.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	22.4	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	54	63.5	47.2	39.1
<b>Residents requiring restraints.</b>	35	41.2	40.5	31.7
<b>Confused or disoriented residents.</b>	54	63.5	65.4	55.8
<b>Residents with bed sores.</b>	1	1.2	4.2	4.7
<b>Residents receiving special skin care.</b>	64	75.3	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE FILSON CARE HOME**

<b>Street Address:</b>		<b>City and State:</b>	
1550 RAYDALE DR		LOUISVILLE KY 40219	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	110	PROPRIETARY	01/15/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
84	0	67

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	74	88.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	55	65.5	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	57.1	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	58.3	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	47.6	69.1	59.1
Residents on individually written bowel and bladder retraining program.	6	7.1	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	17.9	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.2	3.5	3.6
<b>Residents confined to chairs.</b>	54	64.3	47.2	39.1
<b>Residents requiring restraints.</b>	27	32.1	40.5	31.7
<b>Confused or disoriented residents.</b>	36	42.9	65.4	55.8
<b>Residents with bed sores.</b>	4	4.8	4.2	4.7
<b>Residents receiving special skin care.</b>	22	26.2	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FOUR COURTS INC

<b>Street Address:</b>		<b>City and State:</b>	
2100 MILLVALE RD		LOUISVILLE KY 40205	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	59	NON-PROFIT OTHER	12/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
50	0	20		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	98.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	80.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	60.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	62.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	28	56.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	4.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	42.0	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	15	30.0	47.2	39.1
<b>Residents requiring restraints.</b>	14	28.0	40.5	31.7
<b>Confused or disoriented residents.</b>	25	50.0	65.4	55.8
<b>Residents with bed sores.</b>	2	4.0	4.2	4.7
<b>Residents receiving special skin care.</b>	5	10.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## FRANCISCAN HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3625 FERN VALLEY RD		LOUISVILLE KY 40219	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	150	NON-PROFIT RELIGIOUS	10/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
135	0	111		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	114	84.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	124	91.9	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	114	84.4	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	85.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	92	68.1	75.8	68.2
Residents on individually written bowel and bladder retraining program.	4	3.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	26.7	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	85	63.0	63.0	50.8
<b>Residents requiring restraints.</b>	55	40.7	46.6	41.3
<b>Confused or disoriented residents.</b>	74	54.8	64.9	58.4
<b>Residents with bed sores.</b>	8	5.9	9.3	7.1
<b>Residents receiving special skin care.</b>	42	31.1	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## GEORGETOWN MANOR HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
900 GAGEL AVE		LOUISVILLE KY 40216	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
115	19	34		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	111	96.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	113	98.3	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	113	98.3	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	98.3	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	112	97.4	75.8	68.2
Residents on individually written bowel and bladder retraining program.	6	5.2	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	65	56.5	47.4	37.7
<b>Completely bedfast residents.</b>	2	1.7	6.9	3.4
<b>Residents confined to chairs.</b>	111	96.5	63.0	50.8
<b>Residents requiring restraints.</b>	89	77.4	46.6	41.3
<b>Confused or disoriented residents.</b>	97	84.3	64.9	58.4
<b>Residents with bed sores.</b>	12	10.4	9.3	7.1
<b>Residents receiving special skin care.</b>	52	45.2	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HILLCREEK MANOR

<b>Street Address:</b>		<b>City and State:</b>	
3116 BRECKINRIDGE LANE		LOUISVILLE KY 40220	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	88	PROPRIETARY	03/30/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
88	6	57		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	64	72.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	94.3	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	82	93.2	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	90.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	83	94.3	75.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	51	58.0	47.4	37.7
<b>Completely bedfast residents.</b>	5	5.7	6.9	3.4
<b>Residents confined to chairs.</b>	78	88.6	63.0	50.8
<b>Residents requiring restraints.</b>	71	80.7	46.6	41.3
<b>Confused or disoriented residents.</b>	85	96.6	64.9	58.4
<b>Residents with bed sores.</b>	14	15.9	9.3	7.1
<b>Residents receiving special skin care.</b>	66	75.0	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HOME OF THE INNOCENTS

<b>Street Address:</b>		<b>City and State:</b>	
810 E BARRETT AV		LOUISVILLE KY 40204	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	40	NON-PROFIT PRIVATE	02/26/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
35	0	35		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	35	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	35	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	97.1	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	97.1	47.4	37.7
<b>Completely bedfast residents.</b>	3	8.6	6.9	3.4
<b>Residents confined to chairs.</b>	32	91.4	63.0	50.8
<b>Residents requiring restraints.</b>	1	2.9	46.6	41.3
<b>Confused or disoriented residents.</b>	35	100	64.9	58.4
<b>Residents with bed sores.</b>	0	0.0	9.3	7.1
<b>Residents receiving special skin care.</b>	3	8.6	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE JAMES S TAYLOR MEMORIAL HOME

<b>Street Address:</b>		<b>City and State:</b>	
1015 MAGAZINE ST		LOUISVILLE KY 40203	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	117	NON-PROFIT RELIGIOUS	07/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
114	0	110	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	100	87.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	98	86.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	98	86.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	82.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	53.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	24.6	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	79	69.3	47.2	39.1
<b>Residents requiring restraints.</b>	34	29.8	40.5	31.7
<b>Confused or disoriented residents.</b>	114	100	65.4	55.8
<b>Residents with bed sores.</b>	3	2.6	4.2	4.7
<b>Residents receiving special skin care.</b>	12	10.5	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE JEFFERSON MANOR

<b>Street Address:</b>		<b>City and State:</b>	
1801 LYNN WAY		LOUISVILLE KY 40222	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF/ICF	30	PROPRIETARY	08/07/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
22	0	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	22	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	22	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	22	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	22	100	75.8	68.2
Residents on individually written bowel and bladder retraining program.	3	13.6	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	68.2	47.4	37.7
<b>Completely bedfast residents.</b>	3	13.6	6.9	3.4
<b>Residents confined to chairs.</b>	19	86.4	63.0	50.8
<b>Residents requiring restraints.</b>	18	81.8	46.6	41.3
<b>Confused or disoriented residents.</b>	21	95.5	64.9	58.4
<b>Residents with bed sores.</b>	2	9.1	9.3	7.1
<b>Residents receiving special skin care.</b>	4	18.2	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE JEWISH HOSPITAL SNF

<b>Street Address:</b>		<b>City and State:</b>	
217 E CHESTNUT ST		LOUISVILLE KY 40202	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	12	NON-PROFIT PRIVATE	12/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
12	4	7		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	12	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	12	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	12	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	12	100	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	91.7	47.4	37.7
<b>Completely bedfast residents.</b>	7	58.3	6.9	3.4
<b>Residents confined to chairs.</b>	4	33.3	63.0	50.8
<b>Residents requiring restraints.</b>	4	33.3	46.6	41.3
<b>Confused or disoriented residents.</b>	9	75.0	64.9	58.4
<b>Residents with bed sores.</b>	8	66.7	9.3	7.1
<b>Residents receiving special skin care.</b>	12	100	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## KINGS DAUGHTERS + SONS HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
1705 STEVENS AVE		LOUISVILLE KY 40205	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	154	NON-PROFIT OTHER	12/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
147	3	106	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	136	92.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	140	95.2	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	140	95.2	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	93.2	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	122	83.0	75.8	68.2
Residents on individually written bowel and bladder retraining program.	13	8.8	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	63	42.9	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	139	94.6	63.0	50.8
<b>Residents requiring restraints.</b>	123	83.7	46.6	41.3
<b>Confused or disoriented residents.</b>	91	61.9	64.9	58.4
<b>Residents with bed sores.</b>	19	12.9	9.3	7.1
<b>Residents receiving special skin care.</b>	33	22.4	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE KLONDIKE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
3802 KLONDIKE LANE		LOUISVILLE KY 40218	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	62	PROPRIETARY	10/07/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
58	0	16

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	70.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	77.6	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	70.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	65.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	55.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	10.3	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	28	48.3	47.2	39.1
<b>Residents requiring restraints.</b>	28	48.3	40.5	31.7
<b>Confused or disoriented residents.</b>	31	53.4	65.4	55.8
<b>Residents with bed sores.</b>	3	5.2	4.2	4.7
<b>Residents receiving special skin care.</b>	5	8.6	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LYNDON LANE NURSING CENTER

<b>Street Address:</b> 1101 LYNDON LANE		<b>City and State:</b> LOUISVILLE KY 40222	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 165	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 156	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 147		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	109	69.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	141	90.4	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	122	78.2	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	84.0	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	112	71.8	75.8	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	101	64.7	47.4	37.7
<b>Completely bedfast residents.</b>	5	3.2	6.9	3.4
<b>Residents confined to chairs.</b>	130	83.3	63.0	50.8
<b>Residents requiring restraints.</b>	65	41.7	46.6	41.3
<b>Confused or disoriented residents.</b>	118	75.6	64.9	58.4
<b>Residents with bed sores.</b>	19	12.2	9.3	7.1
<b>Residents receiving special skin care.</b>	79	50.6	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MARIAN HOME URSULINE SISTERS

<b>Street Address:</b>  3105 LEXINGTON RD		<b>City and State:</b>  LOUISVILLE KY 40206	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  55	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  06/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  52	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  48
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	25	48.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	35	67.3	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	24	46.2	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	80.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	23	44.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	3.8	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	23.1	34.2	29.3
<b>Completely bedfast residents.</b>	2	3.8	3.5	3.6
<b>Residents confined to chairs.</b>	14	26.9	47.2	39.1
<b>Residents requiring restraints.</b>	0	0.0	40.5	31.7
<b>Confused or disoriented residents.</b>	19	36.5	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	1	1.9	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE MEADOWS EAST**

<b>Street Address:</b>		<b>City and State:</b>	
2529 6TH MILE LANE		LOUISVILLE KY 40220	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	128	PROPRIETARY	03/24/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
120	0	76		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	120	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	116	96.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	80.8	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	38.3	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	91	75.8	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	1.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	22.5	34.2	29.3
<b>Completely bedfast residents.</b>	6	5.0	3.5	3.6
<b>Residents confined to chairs.</b>	46	38.3	47.2	39.1
<b>Residents requiring restraints.</b>	97	80.8	40.5	31.7
<b>Confused or disoriented residents.</b>	102	85.0	65.4	55.8
<b>Residents with bed sores.</b>	4	3.3	4.2	4.7
<b>Residents receiving special skin care.</b>	23	19.2	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE MEADOWS SOUTH INC

<b>Street Address:</b> 1120 CRISTLAND RD		<b>City and State:</b> LOUISVILLE KY 40214	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/08/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 91	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 49
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	74	81.3	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	86.8	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	82.4	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	71.4	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	72	79.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	2.2	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	41.8	34.2	29.3
<b>Completely bedfast residents.</b>	2	2.2	3.5	3.6
<b>Residents confined to chairs.</b>	63	69.2	47.2	39.1
<b>Residents requiring restraints.</b>	59	64.8	40.5	31.7
<b>Confused or disoriented residents.</b>	59	64.8	65.4	55.8
<b>Residents with bed sores.</b>	6	6.6	4.2	4.7
<b>Residents receiving special skin care.</b>	36	39.6	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## MEADOWVIEW NURSING & CONVALESCENT CTR

<b>Street Address:</b>		<b>City and State:</b>	
9701 WHIPPS MILL ROAD		LOUISVILLE KY 40223	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	132	PROPRIETARY	05/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
100	0	69		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	96.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	83.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	71.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	66.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	68	68.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	13	13.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	43.0	34.2	29.3
<b>Completely bedfast residents.</b>	4	4.0	3.5	3.6
<b>Residents confined to chairs.</b>	67	67.0	47.2	39.1
<b>Residents requiring restraints.</b>	54	54.0	40.5	31.7
<b>Confused or disoriented residents.</b>	58	58.0	65.4	55.8
<b>Residents with bed sores.</b>	5	5.0	4.2	4.7
<b>Residents receiving special skin care.</b>	43	43.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MELROSE MANOR HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
4331 CHURCHMAN AVENUE		LOUISVILLE KY 40215	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	45	PROPRIETARY	03/03/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
11	3	2		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	9	81.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	11	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	8	72.7	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	72.7	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	8	72.7	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	72.7	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	7	63.6	63.0	50.8
<b>Residents requiring restraints.</b>	8	72.7	46.6	41.3
<b>Confused or disoriented residents.</b>	8	72.7	64.9	58.4
<b>Residents with bed sores.</b>	1	9.1	9.3	7.1
<b>Residents receiving special skin care.</b>	1	9.1	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MT HOLLY NH

<b>Street Address:</b>		<b>City and State:</b>	
446 MT HOLLY AV		LOUISVILLE KY 40206	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	20	PROPRIETARY	03/31/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
18	6	12		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	18	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	18	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	18	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	18	100	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	94.4	47.4	37.7
<b>Completely bedfast residents.</b>	3	16.7	6.9	3.4
<b>Residents confined to chairs.</b>	16	88.9	63.0	50.8
<b>Residents requiring restraints.</b>	10	55.6	46.6	41.3
<b>Confused or disoriented residents.</b>	13	72.2	64.9	58.4
<b>Residents with bed sores.</b>	11	61.1	9.3	7.1
<b>Residents receiving special skin care.</b>	18	100	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE NAZARETH HOME

<b>Street Address:</b> 2000 NEWBURG RD		<b>City and State:</b> LOUISVILLE KY 40205	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 118	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 12/17/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 109	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 14
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	107	98.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	88	80.7	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	64.2	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	90.8	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	57.8	75.8	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	19.3	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	31	28.4	63.0	50.8
<b>Residents requiring restraints.</b>	36	33.0	46.6	41.3
<b>Confused or disoriented residents.</b>	47	43.1	64.9	58.4
<b>Residents with bed sores.</b>	5	4.6	9.3	7.1
<b>Residents receiving special skin care.</b>	21	19.3	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE NORTHFIELD MANOR

<b>Street Address:</b>		<b>City and State:</b>	
6000 HUNTING ROAD		LOUISVILLE KY 40222	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
107	4	69		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	89.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	98	91.6	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	90	84.1	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	88.8	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	74.8	75.8	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	57	53.3	47.4	37.7
<b>Completely bedfast residents.</b>	1	0.9	6.9	3.4
<b>Residents confined to chairs.</b>	76	71.0	63.0	50.8
<b>Residents requiring restraints.</b>	31	29.0	46.6	41.3
<b>Confused or disoriented residents.</b>	91	85.0	64.9	58.4
<b>Residents with bed sores.</b>	12	11.2	9.3	7.1
<b>Residents receiving special skin care.</b>	9	8.4	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PARKWAY MEDICAL CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1155 EASTERN PARKWAY		LOUISVILLE KY 40217	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	252	PROPRIETARY	05/27/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
238	13	140	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	201	84.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	229	96.2	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	218	91.6	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	219	92.0	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	201	84.5	75.8	68.2
Residents on individually written bowel and bladder retraining program.	27	11.3	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	113	47.5	47.4	37.7
<b>Completely bedfast residents.</b>	12	5.0	6.9	3.4
<b>Residents confined to chairs.</b>	174	73.1	63.0	50.8
<b>Residents requiring restraints.</b>	116	48.7	46.6	41.3
<b>Confused or disoriented residents.</b>	142	59.7	64.9	58.4
<b>Residents with bed sores.</b>	26	10.9	9.3	7.1
<b>Residents receiving special skin care.</b>	76	31.9	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE PAVILION HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
432 E JEFFERSON ST		LOUISVILLE KY 40202	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	186	PROPRIETARY	08/12/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
179	9	151		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	164	91.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	170	95.0	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	159	88.8	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	82.1	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	155	86.6	75.8	68.2
Residents on individually written bowel and bladder retraining program.	6	3.4	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	84	46.9	47.4	37.7
<b>Completely bedfast residents.</b>	2	1.1	6.9	3.4
<b>Residents confined to chairs.</b>	111	62.0	63.0	50.8
<b>Residents requiring restraints.</b>	74	41.3	46.6	41.3
<b>Confused or disoriented residents.</b>	144	80.4	64.9	58.4
<b>Residents with bed sores.</b>	21	11.7	9.3	7.1
<b>Residents receiving special skin care.</b>	9	5.0	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE PINE TREE VILLA

<b>Street Address:</b>  4604 LOWE RD		<b>City and State:</b>  LOUISVILLE KY 40220	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  70	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  07/28/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  62	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  16
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	62	100	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	83.9	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	87.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	5	8.1	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	69.4	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	47	75.8	47.2	39.1
<b>Residents requiring restraints.</b>	46	74.2	40.5	31.7
<b>Confused or disoriented residents.</b>	54	87.1	65.4	55.8
<b>Residents with bed sores.</b>	1	1.6	4.2	4.7
<b>Residents receiving special skin care.</b>	8	12.9	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE ROCKFORD MANOR ICF

<b>Street Address:</b> 4700 QUINN DRIVE		<b>City and State:</b> LOUISVILLE KY 40216	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/25/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 113	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 105	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	77.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	79.6	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	82	72.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	77.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	74	65.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	1.8	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	39.8	34.2	29.3
<b>Completely bedfast residents.</b>	1	0.9	3.5	3.6
<b>Residents confined to chairs.</b>	58	51.3	47.2	39.1
<b>Residents requiring restraints.</b>	38	33.6	40.5	31.7
<b>Confused or disoriented residents.</b>	44	38.9	65.4	55.8
<b>Residents with bed sores.</b>	6	5.3	4.2	4.7
<b>Residents receiving special skin care.</b>	13	11.5	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE SUMMERFIELD MANOR**

<b>Street Address:</b>		<b>City and State:</b>	
1877 FARNSLEY RD		LOUISVILLE KY 40216	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	179	PROPRIETARY	07/23/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
161	0	106

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	153	95.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	131	81.4	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	120	74.5	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	71.4	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	95	59.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	28	17.4	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	44	27.3	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	93	57.8	47.2	39.1
<b>Residents requiring restraints.</b>	59	36.6	40.5	31.7
<b>Confused or disoriented residents.</b>	100	62.1	65.4	55.8
<b>Residents with bed sores.</b>	11	6.8	4.2	4.7
<b>Residents receiving special skin care.</b>	45	28.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TREYTON OAK TOWERS

<b>Street Address:</b>		<b>City and State:</b>	
211 W OAK ST		LOUISVILLE KY 40203	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	60	NON-PROFIT OTHER	09/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
54	1	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	88.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	88.9	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	70.4	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	70.4	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	38	70.4	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	20.4	47.4	37.7
<b>Completely bedfast residents.</b>	1	1.9	6.9	3.4
<b>Residents confined to chairs.</b>	11	20.4	63.0	50.8
<b>Residents requiring restraints.</b>	4	7.4	46.6	41.3
<b>Confused or disoriented residents.</b>	19	35.2	64.9	58.4
<b>Residents with bed sores.</b>	2	3.7	9.3	7.1
<b>Residents receiving special skin care.</b>	38	70.4	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WESLEY MANOR NURSING CENTER

<b>Street Address:</b> 5012 MANSCLICK RD		<b>City and State:</b> LOUISVILLE KY 40219	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 68	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 12/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 63	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 24	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	63	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	61	96.8	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	95.2	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	98.4	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	58	92.1	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	33.3	47.4	37.7
<b>Completely bedfast residents.</b>	4	6.3	6.9	3.4
<b>Residents confined to chairs.</b>	46	73.0	63.0	50.8
<b>Residents requiring restraints.</b>	46	73.0	46.6	41.3
<b>Confused or disoriented residents.</b>	45	71.4	64.9	58.4
<b>Residents with bed sores.</b>	0	0.0	9.3	7.1
<b>Residents receiving special skin care.</b>	39	61.9	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WESTMINSTER TERRACE HEALTH CENTER

<b>Street Address:</b> 2116 BUECHEL BANK RD		<b>City and State:</b> LOUISVILLE KY 40218	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 112	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 07/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 102	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 13	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	82.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	82.4	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	72	70.6	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	72.5	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	55.9	75.8	68.2
Residents on individually written bowel and bladder retraining program.	10	9.8	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	35.3	47.4	37.7
<b>Completely bedfast residents.</b>	3	2.9	6.9	3.4
<b>Residents confined to chairs.</b>	58	56.9	63.0	50.8
<b>Residents requiring restraints.</b>	31	30.4	46.6	41.3
<b>Confused or disoriented residents.</b>	60	58.8	64.9	58.4
<b>Residents with bed sores.</b>	2	2.0	9.3	7.1
<b>Residents receiving special skin care.</b>	72	70.6	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BROWNS REST HOME

<b>Street Address:</b>		<b>City and State:</b>	
384 THOMPSON AVE		MADISONVILLE KY 42431	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	100	PROPRIETARY	09/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
99	0	87

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	99	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	91	91.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	65	65.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	36.4	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	25.3	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.0	3.5	3.6
<b>Residents confined to chairs.</b>	42	42.4	47.2	39.1
<b>Residents requiring restraints.</b>	31	31.3	40.5	31.7
<b>Confused or disoriented residents.</b>	48	48.5	65.4	55.8
<b>Residents with bed sores.</b>	2	2.0	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CLINIC CONVALESCENT CENTER SNF

<b>Street Address:</b>		<b>City and State:</b>	
55 E NORTH ST		MADISONVILLE KY 42431	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	66	PROPRIETARY	07/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
64	6	9		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	96.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	63	98.4	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	58	90.6	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	85.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	49	76.6	75.8	68.2
Residents on individually written bowel and bladder retraining program.	7	10.9	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	67.2	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	30	46.9	63.0	50.8
<b>Residents requiring restraints.</b>	28	43.8	46.6	41.3
<b>Confused or disoriented residents.</b>	36	56.3	64.9	58.4
<b>Residents with bed sores.</b>	0	0.0	9.3	7.1
<b>Residents receiving special skin care.</b>	20	31.3	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE KENTUCKY REST HAVEN

<b>Street Address:</b>		<b>City and State:</b>	
419 N SEMINARY ST		MADISONVILLE KY 42431	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	94	PROPRIETARY	02/10/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
92	3	49	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	85	92.4	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	83.7	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	77	83.7	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	82.6	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	65.2	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	59	64.1	47.4	37.7
<b>Completely bedfast residents.</b>	2	2.2	6.9	3.4
<b>Residents confined to chairs.</b>	65	70.7	63.0	50.8
<b>Residents requiring restraints.</b>	46	50.0	46.6	41.3
<b>Confused or disoriented residents.</b>	74	80.4	64.9	58.4
<b>Residents with bed sores.</b>	2	2.2	9.3	7.1
<b>Residents receiving special skin care.</b>	7	7.6	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SENIOR CITIZENS NH

<b>Street Address:</b> PRIDE AV BOX 743		<b>City and State:</b> MADISONVILLE KY 42431	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 86	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 74	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 66	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	67	90.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	93.2	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	69	93.2	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	91.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	68	91.9	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	50.0	47.4	37.7
<b>Completely bedfast residents.</b>	2	2.7	6.9	3.4
<b>Residents confined to chairs.</b>	60	81.1	63.0	50.8
<b>Residents requiring restraints.</b>	8	10.8	46.6	41.3
<b>Confused or disoriented residents.</b>	50	67.6	64.9	58.4
<b>Residents with bed sores.</b>	6	8.1	9.3	7.1
<b>Residents receiving special skin care.</b>	40	54.1	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LAUREL CREEK HEALTH CARE CENTER

<b>Street Address:</b> RT 2 BOX 254		<b>City and State:</b> MANCHESTER KY 40962	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 106	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 103	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 98
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	98	95.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	98.1	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	77.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	71.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	74.8	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	3.9	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	35.9	34.2	29.3
<b>Completely bedfast residents.</b>	2	1.9	3.5	3.6
<b>Residents confined to chairs.</b>	45	43.7	47.2	39.1
<b>Residents requiring restraints.</b>	57	55.3	40.5	31.7
<b>Confused or disoriented residents.</b>	73	70.9	65.4	55.8
<b>Residents with bed sores.</b>	7	6.8	4.2	4.7
<b>Residents receiving special skin care.</b>	17	16.5	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEMORIAL HOSP

<b>Street Address:</b>		<b>City and State:</b>	
401 MEMORIAL DR		MANCHESTER KY 40962	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	11	NON-PROFIT RELIGIOUS	04/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
10	1	9

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	10	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	10	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	10	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	10	100	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	100	47.4	37.7
<b>Completely bedfast residents.</b>	8	80.0	6.9	3.4
<b>Residents confined to chairs.</b>	2	20.0	63.0	50.8
<b>Residents requiring restraints.</b>	5	50.0	46.6	41.3
<b>Confused or disoriented residents.</b>	10	100	64.9	58.4
<b>Residents with bed sores.</b>	3	30.0	9.3	7.1
<b>Residents receiving special skin care.</b>	9	90.0	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CRITTENDEN CO CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
MOORE WATSON ST RT 2		MARION KY 42064	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	83	NON-PROFIT PRIVATE	05/03/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
81	0	70

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	69	85.2	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	74	91.4	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	86.4	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	87.7	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	74.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	7	8.6	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	43.2	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.2	3.5	3.6
<b>Residents confined to chairs.</b>	38	46.9	47.2	39.1
<b>Residents requiring restraints.</b>	56	69.1	40.5	31.7
<b>Confused or disoriented residents.</b>	64	79.0	65.4	55.8
<b>Residents with bed sores.</b>	3	3.7	4.2	4.7
<b>Residents receiving special skin care.</b>	5	6.2	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE MANOR HEALTH CARE CTR

<b>Street Address:</b> 4TH & INDIANA AV		<b>City and State:</b> MAYFIELD KY 42066	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 100	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 48		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	90	90.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	99	99.0	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	89.0	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	93.0	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	63.0	75.8	68.2
Residents on individually written bowel and bladder retraining program.	38	38.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	29.0	47.4	37.7
<b>Completely bedfast residents.</b>	13	13.0	6.9	3.4
<b>Residents confined to chairs.</b>	42	42.0	63.0	50.8
<b>Residents requiring restraints.</b>	37	37.0	46.6	41.3
<b>Confused or disoriented residents.</b>	44	44.0	64.9	58.4
<b>Residents with bed sores.</b>	11	11.0	9.3	7.1
<b>Residents receiving special skin care.</b>	40	40.0	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE MILLS MANOR INC

<b>Street Address:</b>		<b>City and State:</b>	
500 BECK LANE		MAYFIELD KY 42066	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	98	NON-PROFIT RELIGIOUS	07/07/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
94	0	75	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	94	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	75	79.8	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	72.3	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	75.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	75.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	15	16.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	39.4	34.2	29.3
<b>Completely bedfast residents.</b>	9	9.6	3.5	3.6
<b>Residents confined to chairs.</b>	39	41.5	47.2	39.1
<b>Residents requiring restraints.</b>	54	57.4	40.5	31.7
<b>Confused or disoriented residents.</b>	74	78.7	65.4	55.8
<b>Residents with bed sores.</b>	9	9.6	4.2	4.7
<b>Residents receiving special skin care.</b>	45	47.9	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MAYSVILLE EXTENDED CARE

<b>Street Address:</b> 620 PARKER RD		<b>City and State:</b> MAYSVILLE KY 41056	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 82	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 76	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 49	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	94.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	70	92.1	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	92.1	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	86.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	70	92.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	3	3.9	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	30.3	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	30	39.5	47.2	39.1
<b>Residents requiring restraints.</b>	20	26.3	40.5	31.7
<b>Confused or disoriented residents.</b>	56	73.7	65.4	55.8
<b>Residents with bed sores.</b>	1	1.3	4.2	4.7
<b>Residents receiving special skin care.</b>	13	17.1	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE

### HICKS GOLDEN YEARS NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
RT 4 BOX 121		MONTICELLO KY 42633	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	55	PROPRIETARY	08/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
55	0	45	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

#### Bathing

Residents requiring some or total assistance in bathing.

55      100      88.9      78.3

#### Dressing

Residents requiring some or total assistance in dressing.

55      100      90.0      76.7

#### Toileting

Residents requiring some or total assistance in toileting.

44      80.0      77.8      63.4

#### Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

42      76.4      76.6      66.0

#### Continence

Residents with catheters or partial or total loss of bowel or bladder control.

52      94.5      69.1      59.1

Residents on individually written bowel and bladder retraining program.

1      1.8      6.8      6.1

#### Eating

Residents receiving tube feedings or requiring assistance with eating.

24      43.6      34.2      29.3

#### Completely bedfast residents.

8      14.5      3.5      3.6

#### Residents confined to chairs.

35      63.6      47.2      39.1

#### Residents requiring restraints.

26      47.3      40.5      31.7

#### Confused or disoriented residents.

27      49.1      65.4      55.8

#### Residents with bed sores.

0      0.0      4.2      4.7

#### Residents receiving special skin care.

0      0.0      22.5      24.0

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LIFE CARE CENTER OF MOREHEAD

<b>Street Address:</b>		<b>City and State:</b>	
933 N TOLLIVER RD		MOREHEAD KY 40351	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	97	PROPRIETARY	10/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
94	3	81		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	93	98.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	93	98.9	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	92.6	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	94	100	75.8	68.2
Residents on individually written bowel and bladder retraining program.	7	7.4	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	84	89.4	47.4	37.7
<b>Completely bedfast residents.</b>	4	4.3	6.9	3.4
<b>Residents confined to chairs.</b>	60	63.8	63.0	50.8
<b>Residents requiring restraints.</b>	62	66.0	46.6	41.3
<b>Confused or disoriented residents.</b>	74	78.7	64.9	58.4
<b>Residents with bed sores.</b>	13	13.8	9.3	7.1
<b>Residents receiving special skin care.</b>	28	29.8	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## MEDCO CENTER OF MORGANFIELD ICF

<b>Street Address:</b>		<b>City and State:</b>	
RT 5 BOX 24A		MORGANFIELD KY 42437	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	01/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
58	0	58	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	82.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	98.3	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	45	77.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	79.3	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	38	65.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	27.6	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	26	44.8	47.2	39.1
<b>Residents requiring restraints.</b>	21	36.2	40.5	31.7
<b>Confused or disoriented residents.</b>	30	51.7	65.4	55.8
<b>Residents with bed sores.</b>	5	8.6	4.2	4.7
<b>Residents receiving special skin care.</b>	22	37.9	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LAKEVIEW NH SNF

<b>Street Address:</b>		<b>City and State:</b>	
S WARREN ST BOX 159		MORGANTOWN KY 42261	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	134	PROPRIETARY	01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
132	5	111		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	126	95.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	129	97.7	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	113	85.6	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	90.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	107	81.1	75.8	68.2
Residents on individually written bowel and bladder retraining program.	6	4.5	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	70	53.0	47.4	37.7
<b>Completely bedfast residents.</b>	26	19.7	6.9	3.4
<b>Residents confined to chairs.</b>	77	58.3	63.0	50.8
<b>Residents requiring restraints.</b>	67	50.8	46.6	41.3
<b>Confused or disoriented residents.</b>	96	72.7	64.9	58.4
<b>Residents with bed sores.</b>	2	1.5	9.3	7.1
<b>Residents receiving special skin care.</b>	41	31.1	31.0	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE ANNIE WALKER NH

<b>Street Address:</b>  BRIDGETT DR BOX 639		<b>City and State:</b>  MOUNT STERLING KY 40353	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  42	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  06/02/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  42	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  41	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	92.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	97.6	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	73.8	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	73.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	95.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	2.4	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	19.0	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	14	33.3	47.2	39.1
<b>Residents requiring restraints.</b>	7	16.7	40.5	31.7
<b>Confused or disoriented residents.</b>	15	35.7	65.4	55.8
<b>Residents with bed sores.</b>	2	4.8	4.2	4.7
<b>Residents receiving special skin care.</b>	9	21.4	22.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	% *
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## MARY CHILES HOSP- SNF

<b>Street Address:</b>		<b>City and State:</b>	
50 STERLING AVE PO BOX 7		MOUNT STERLING KY 40353	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	40	NON-PROFIT OTHER	09/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
38	9	20	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	36	94.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	94.7	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	92.1	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	89.5	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	89.5	75.8	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	68.4	47.4	37.7
<b>Completely bedfast residents.</b>	15	39.5	6.9	3.4
<b>Residents confined to chairs.</b>	23	60.5	63.0	50.8
<b>Residents requiring restraints.</b>	12	31.6	46.6	41.3
<b>Confused or disoriented residents.</b>	31	81.6	64.9	58.4
<b>Residents with bed sores.</b>	9	23.7	9.3	7.1
<b>Residents receiving special skin care.</b>	23	60.5	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WINDSOR CARE CENTER

<b>Street Address:</b>  WINDSOR DR BOX 251		<b>City and State:</b>  MOUNT STERLING KY 40353	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  52	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  12/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  52	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  44
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	98.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	88.5	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	73.1	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	75.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	69.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	40.4	34.2	29.3
<b>Completely bedfast residents.</b>	2	3.8	3.5	3.6
<b>Residents confined to chairs.</b>	19	36.5	47.2	39.1
<b>Residents requiring restraints.</b>	34	65.4	40.5	31.7
<b>Confused or disoriented residents.</b>	31	59.6	65.4	55.8
<b>Residents with bed sores.</b>	3	5.8	4.2	4.7
<b>Residents receiving special skin care.</b>	11	21.2	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE ROCKCASTLE CO HOSP INC SNF

<b>Street Address:</b>		<b>City and State:</b>	
RT 4 BOX 28		MOUNT VERNON KY 40456	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	32	NON-PROFIT PRIVATE	09/17/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
30	0	29		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	26	86.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	30	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	96.7	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	96.7	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	29	96.7	75.8	68.2
Residents on individually written bowel and bladder retraining program.	2	6.7	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	83.3	47.4	37.7
<b>Completely bedfast residents.</b>	5	16.7	6.9	3.4
<b>Residents confined to chairs.</b>	21	70.0	63.0	50.8
<b>Residents requiring restraints.</b>	2	6.7	46.6	41.3
<b>Confused or disoriented residents.</b>	7	23.3	64.9	58.4
<b>Residents with bed sores.</b>	3	10.0	9.3	7.1
<b>Residents receiving special skin care.</b>	13	43.3	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MURRAY-CALLOWAY CO HOSP

<b>Street Address:</b>		<b>City and State:</b>	
803 POPLAR ST		MURRAY KY 42071	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	40	LOCAL GOVERNMENT	03/15/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
40	5	31

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	35	87.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	95.0	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	97.5	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	97.5	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	67.5	75.8	68.2
Residents on individually written bowel and bladder retraining program.	10	25.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	45.0	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	14	35.0	63.0	50.8
<b>Residents requiring restraints.</b>	18	45.0	46.6	41.3
<b>Confused or disoriented residents.</b>	18	45.0	64.9	58.4
<b>Residents with bed sores.</b>	4	10.0	9.3	7.1
<b>Residents receiving special skin care.</b>	16	40.0	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WESTVIEW NH SNF

<b>Street Address:</b>  1401 S 16TH ST BOX 165		<b>City and State:</b>  MURRAY KY 42071	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  174	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  03/31/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  172	<b>Medicare Residents:</b>  2	<b>Medicaid Residents:</b>  129		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	149	86.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	148	86.0	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	148	86.0	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	84.3	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	127	73.8	75.8	68.2
Residents on individually written bowel and bladder retraining program.	6	3.5	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	83	48.3	47.4	37.7
<b>Completely bedfast residents.</b>	20	11.6	6.9	3.4
<b>Residents confined to chairs.</b>	109	63.4	63.0	50.8
<b>Residents requiring restraints.</b>	98	57.0	46.6	41.3
<b>Confused or disoriented residents.</b>	98	57.0	64.9	58.4
<b>Residents with bed sores.</b>	13	7.6	9.3	7.1
<b>Residents receiving special skin care.</b>	81	47.1	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LORETTA MOTHERHOUSE INFIRMARY

<b>Street Address:</b> HWY 152		<b>City and State:</b> NERINX KY 40049	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 63	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 08/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 63	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 57
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	96.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	63.5	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	68.3	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	63.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	71.4	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	22.2	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	14	22.2	47.2	39.1
<b>Residents requiring restraints.</b>	4	6.3	40.5	31.7
<b>Confused or disoriented residents.</b>	32	50.8	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	22	34.9	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HOMESTEAD NURS CTR OF NEW CASTLE KY IN

<b>Street Address:</b> PO BOX 329		<b>City and State:</b> NEW CASTLE KY 40050	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 56	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 45	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	56	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	49	87.5	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	73.2	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	76.8	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	3.6	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	19.6	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	24	42.9	47.2	39.1
<b>Residents requiring restraints.</b>	26	46.4	40.5	31.7
<b>Confused or disoriented residents.</b>	33	58.9	65.4	55.8
<b>Residents with bed sores.</b>	7	12.5	4.2	4.7
<b>Residents receiving special skin care.</b>	12	21.4	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BAPTIST CONVALESCENT CENTER SNF

<b>Street Address:</b>		<b>City and State:</b>	
120 MAIN ST		NEWPORT KY 41071	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	167	NON-PROFIT RELIGIOUS	10/14/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
166	3	76	

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	159	95.8	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	160	96.4	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	140	84.3	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	83.7	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	136	81.9	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	23.5	47.4	37.7
<b>Completely bedfast residents.</b>	10	6.0	6.9	3.4
<b>Residents confined to chairs.</b>	156	94.0	63.0	50.8
<b>Residents requiring restraints.</b>	78	47.0	46.6	41.3
<b>Confused or disoriented residents.</b>	53	31.9	64.9	58.4
<b>Residents with bed sores.</b>	3	1.8	9.3	7.1
<b>Residents receiving special skin care.</b>	52	31.3	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ROYAL MANOR

<b>Street Address:</b>		<b>City and State:</b>	
100 SPARKS AVE		NICHOLASVILLE KY 40356	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	73	PROPRIETARY	10/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
71	0	66		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	63	88.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	66	93.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	67.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	69.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	50.7	69.1	59.1
Residents on individually written bowel and bladder retraining program.	10	14.1	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	38.0	34.2	29.3
<b>Completely bedfast residents.</b>	2	2.8	3.5	3.6
<b>Residents confined to chairs.</b>	36	50.7	47.2	39.1
<b>Residents requiring restraints.</b>	26	36.6	40.5	31.7
<b>Confused or disoriented residents.</b>	31	43.7	65.4	55.8
<b>Residents with bed sores.</b>	1	1.4	4.2	4.7
<b>Residents receiving special skin care.</b>	22	31.0	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CARMEL HOME

<b>Street Address:</b>		<b>City and State:</b>	
2501 OLD HARTFORD RD		OWENSBORO KY 42301	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	30	NON-PROFIT RELIGIOUS	11/10/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
30	0	9		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	30	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	30	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	93.3	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	96.7	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	90.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	33.3	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	9	30.0	47.2	39.1
<b>Residents requiring restraints.</b>	15	50.0	40.5	31.7
<b>Confused or disoriented residents.</b>	24	80.0	65.4	55.8
<b>Residents with bed sores.</b>	2	6.7	4.2	4.7
<b>Residents receiving special skin care.</b>	3	10.0	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLCREST HEALTH CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
3740 OLD HARTFORD RD		OWENSBORO KY 42301	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	156	PROPRIETARY	11/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
154	26	104		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	128	83.1	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	130	84.4	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	120	77.9	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	75.3	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	106	68.8	75.8	68.2
Residents on individually written bowel and bladder retraining program.	6	3.9	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	63	40.9	47.4	37.7
<b>Completely bedfast residents.</b>	4	2.6	6.9	3.4
<b>Residents confined to chairs.</b>	93	60.4	63.0	50.8
<b>Residents requiring restraints.</b>	55	35.7	46.6	41.3
<b>Confused or disoriented residents.</b>	69	44.8	64.9	58.4
<b>Residents with bed sores.</b>	7	4.5	9.3	7.1
<b>Residents receiving special skin care.</b>	14	9.1	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEISURE YEARS ICF

<b>Street Address:</b> 1205 LEITCHFIELD RD		<b>City and State:</b> OWENSBORO KY 42301	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 109	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 107	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 86
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	85	79.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	98	91.6	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	81.3	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	89.7	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	87	81.3	69.1	59.1
Residents on individually written bowel and bladder retraining program.	6	5.6	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	62	57.9	34.2	29.3
<b>Completely bedfast residents.</b>	1	0.9	3.5	3.6
<b>Residents confined to chairs.</b>	14	13.1	47.2	39.1
<b>Residents requiring restraints.</b>	57	53.3	40.5	31.7
<b>Confused or disoriented residents.</b>	98	91.6	65.4	55.8
<b>Residents with bed sores.</b>	1	0.9	4.2	4.7
<b>Residents receiving special skin care.</b>	11	10.3	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEDCO CENTER OF OWENSBORO SNF

<b>Street Address:</b> 2420 W 3RD ST		<b>City and State:</b> OWENSBORO KY 42301	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 132	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 129	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 94	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	95	73.6	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	85.3	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	102	79.1	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	104	80.6	75.8	68.2
Residents on individually written bowel and bladder retraining program.	5	3.9	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	53	41.1	47.4	37.7
<b>Completely bedfast residents.</b>	1	0.8	6.9	3.4
<b>Residents confined to chairs.</b>	107	82.9	63.0	50.8
<b>Residents requiring restraints.</b>	57	44.2	46.6	41.3
<b>Confused or disoriented residents.</b>	64	49.6	64.9	58.4
<b>Residents with bed sores.</b>	18	14.0	9.3	7.1
<b>Residents receiving special skin care.</b>	26	20.2	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE OWENTON MANOR INC

<b>Street Address:</b>		<b>City and State:</b>	
RT 5 HIGHWAY 127 N		OWENTON KY 40359	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	88	NON-PROFIT PRIVATE	11/30/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
88	0	74

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	95.5	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	87.5	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	66	75.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	75.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	73.9	69.1	59.1
Residents on individually written bowel and bladder retraining program.	7	8.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	21.6	34.2	29.3
<b>Completely bedfast residents.</b>	8	9.1	3.5	3.6
<b>Residents confined to chairs.</b>	32	36.4	47.2	39.1
<b>Residents requiring restraints.</b>	33	37.5	40.5	31.7
<b>Confused or disoriented residents.</b>	70	79.5	65.4	55.8
<b>Residents with bed sores.</b>	2	2.3	4.2	4.7
<b>Residents receiving special skin care.</b>	28	31.8	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLTOP LODGE

<b>Street Address:</b> E HIGH ST		<b>City and State:</b> OWINGSVILLE KY 40360	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 39	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 39	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 31		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	39	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	66.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	82.1	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	24	61.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	14	35.9	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	17.9	34.2	29.3
<b>Completely bedfast residents.</b>	11	28.2	3.5	3.6
<b>Residents confined to chairs.</b>	20	51.3	47.2	39.1
<b>Residents requiring restraints.</b>	20	51.3	40.5	31.7
<b>Confused or disoriented residents.</b>	39	100	65.4	55.8
<b>Residents with bed sores.</b>	4	10.3	4.2	4.7
<b>Residents receiving special skin care.</b>	39	100	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RIDGEWAY MANOR

<b>Street Address:</b>		<b>City and State:</b>	
RIDGEWAY DR BOX 38		OWINGSVILLE KY 40360	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	01/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
58	0	38		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	54	93.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	58	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	93.1	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	82.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	82.8	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	44	75.9	34.2	29.3
<b>Completely bedfast residents.</b>	4	6.9	3.5	3.6
<b>Residents confined to chairs.</b>	12	20.7	47.2	39.1
<b>Residents requiring restraints.</b>	50	86.2	40.5	31.7
<b>Confused or disoriented residents.</b>	50	86.2	65.4	55.8
<b>Residents with bed sores.</b>	2	3.4	4.2	4.7
<b>Residents receiving special skin care.</b>	4	6.9	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LIFE CARE CENTER OF PADUCAH

<b>Street Address:</b> 600 N 4TH ST		<b>City and State:</b> PADUCAH KY 42001	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 102	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 100	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 94	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	84.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	100	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	100	100	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	97.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	88	88.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	5	5.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	20.0	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.0	3.5	3.6
<b>Residents confined to chairs.</b>	43	43.0	47.2	39.1
<b>Residents requiring restraints.</b>	44	44.0	40.5	31.7
<b>Confused or disoriented residents.</b>	94	94.0	65.4	55.8
<b>Residents with bed sores.</b>	1	1.0	4.2	4.7
<b>Residents receiving special skin care.</b>	1	1.0	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MEDCO CENTER OF PADUCAH

<b>Street Address:</b>  867 MCGUIRE AVE		<b>City and State:</b>  PADUCAH KY 42001	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  108	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  11/25/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  106	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  70
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	83.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	95	89.6	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	83	78.3	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	82.1	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	72	67.9	69.1	59.1
Residents on individually written bowel and bladder retraining program.	6	5.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	56.6	34.2	29.3
<b>Completely bedfast residents.</b>	2	1.9	3.5	3.6
<b>Residents confined to chairs.</b>	52	49.1	47.2	39.1
<b>Residents requiring restraints.</b>	51	48.1	40.5	31.7
<b>Confused or disoriented residents.</b>	46	43.4	65.4	55.8
<b>Residents with bed sores.</b>	7	6.6	4.2	4.7
<b>Residents receiving special skin care.</b>	26	24.5	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PARKVIEW CONVALESCENT CENTER

<b>Street Address:</b> 544 LONE OAK ROAD		<b>City and State:</b> PADUCAH KY 42001	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 126	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 10/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 126	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 55	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	109	86.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	105	83.3	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	77.0	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	75.4	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	97	77.0	75.8	68.2
Residents on individually written bowel and bladder retraining program.	7	5.6	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	27.0	47.4	37.7
<b>Completely bedfast residents.</b>	8	6.3	6.9	3.4
<b>Residents confined to chairs.</b>	99	78.6	63.0	50.8
<b>Residents requiring restraints.</b>	99	78.6	46.6	41.3
<b>Confused or disoriented residents.</b>	36	28.6	64.9	58.4
<b>Residents with bed sores.</b>	8	6.3	9.3	7.1
<b>Residents receiving special skin care.</b>	45	35.7	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE RIVERFRONT TERRACE HLTH CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
501 N 3RD ST		PADUCAH KY 42001	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	100	PROPRIETARY	04/14/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
99	0	84

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	98.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	78.8	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	77	77.8	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	69.7	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	70	70.7	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	4.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	24.2	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.0	3.5	3.6
<b>Residents confined to chairs.</b>	30	30.3	47.2	39.1
<b>Residents requiring restraints.</b>	44	44.4	40.5	31.7
<b>Confused or disoriented residents.</b>	99	100	65.4	55.8
<b>Residents with bed sores.</b>	2	2.0	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SUPERIOR CARE HOME ICF

<b>Street Address:</b>		<b>City and State:</b>	
3100 CLAY ST		PADUCAH KY 42001	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	85	PROPRIETARY	10/23/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
85	0	34		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	78	91.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	89.4	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	66	77.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	77.6	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	68	80.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	38.8	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	27	31.8	47.2	39.1
<b>Residents requiring restraints.</b>	30	35.3	40.5	31.7
<b>Confused or disoriented residents.</b>	44	51.8	65.4	55.8
<b>Residents with bed sores.</b>	4	4.7	4.2	4.7
<b>Residents receiving special skin care.</b>	22	25.9	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BOURBON HEIGHTS INC ICF

<b>Street Address:</b>  2000 S MAIN ST		<b>City and State:</b>  PARIS KY 40361	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  30	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  07/09/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  30	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  26
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	29	96.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	93.3	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	86.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	86.7	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	21	70.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	3.3	6.3	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	53.3	34.2	29.3
<b>Completely bedfast residents.</b>	2	6.7	3.5	3.6
<b>Residents confined to chairs.</b>	20	66.7	47.2	39.1
<b>Residents requiring restraints.</b>	9	30.0	40.5	31.7
<b>Confused or disoriented residents.</b>	18	60.0	65.4	55.8
<b>Residents with bed sores.</b>	1	3.3	4.2	4.7
<b>Residents receiving special skin care.</b>	8	26.7	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## MEDCO CENTER OF PEMBROKE ICF

<b>Street Address:</b>		<b>City and State:</b>	
HIGHWAY 41 SOUTH		PEMBROKE KY 42266	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	64	PROPRIETARY	08/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
64	0	63

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	89.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	61	95.3	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	52	81.3	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	71.9	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	68.8	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	6.3	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	39.1	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	23	35.9	47.2	39.1
<b>Residents requiring restraints.</b>	11	17.2	40.5	31.7
<b>Confused or disoriented residents.</b>	54	84.4	65.4	55.8
<b>Residents with bed sores.</b>	4	6.3	4.2	4.7
<b>Residents receiving special skin care.</b>	7	10.9	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE FRIENDSHIP MANOR**

<b>Street Address:</b>		<b>City and State:</b>	
LA GRANGE RD		PEWEE VALLEY KY 40056	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	40	NON-PROFIT OTHER	05/21/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
39	0	29

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	97.4	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	34	87.2	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	69.2	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	79.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	8	20.5	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	38.5	34.2	29.3
<b>Completely bedfast residents.</b>	5	12.8	3.5	3.6
<b>Residents confined to chairs.</b>	23	59.0	47.2	39.1
<b>Residents requiring restraints.</b>	1	2.6	40.5	31.7
<b>Confused or disoriented residents.</b>	23	59.0	65.4	55.8
<b>Residents with bed sores.</b>	1	2.6	4.2	4.7
<b>Residents receiving special skin care.</b>	3	7.7	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PHELPS COMMUNITY MEDICAL CENTER

<b>Street Address:</b> PO BOX 424		<b>City and State:</b> PHELPS KY 41553	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 118	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 110	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 109
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	101	91.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	106	96.4	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	64.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	80	72.7	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	1.8	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	33.6	34.2	29.3
<b>Completely bedfast residents.</b>	3	2.7	3.5	3.6
<b>Residents confined to chairs.</b>	38	34.5	47.2	39.1
<b>Residents requiring restraints.</b>	42	38.2	40.5	31.7
<b>Confused or disoriented residents.</b>	45	40.9	65.4	55.8
<b>Residents with bed sores.</b>	1	0.9	4.2	4.7
<b>Residents receiving special skin care.</b>	24	21.8	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MOUNTAIN MANOR OF PIKEVILLE

<b>Street Address:</b>		<b>City and State:</b>	
182 S MAYO TRAIL		PIKEVILLE KY 41501	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	106	PROPRIETARY	06/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
104	11	85		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	98	94.2	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	97	93.3	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	88.5	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	96.2	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	94	90.4	75.8	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	57.7	47.4	37.7
<b>Completely bedfast residents.</b>	13	12.5	6.9	3.4
<b>Residents confined to chairs.</b>	88	84.6	63.0	50.8
<b>Residents requiring restraints.</b>	78	75.0	46.6	41.3
<b>Confused or disoriented residents.</b>	89	85.6	64.9	58.4
<b>Residents with bed sores.</b>	9	8.7	9.3	7.1
<b>Residents receiving special skin care.</b>	20	19.2	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PARKVIEW MANOR

<b>Street Address:</b>		<b>City and State:</b>	
360 DOUGLAS PARKWAY		PIKEVILLE KY 41501	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	04/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
47	0	42		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	42	89.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	89.4	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	85.1	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	80.9	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	83.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	2.1	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	19.1	34.2	29.3
<b>Completely bedfast residents.</b>	6	12.8	3.5	3.6
<b>Residents confined to chairs.</b>	26	55.3	47.2	39.1
<b>Residents requiring restraints.</b>	13	27.7	40.5	31.7
<b>Confused or disoriented residents.</b>	41	87.2	65.4	55.8
<b>Residents with bed sores.</b>	1	2.1	4.2	4.7
<b>Residents receiving special skin care.</b>	4	8.5	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRITTHAVEN OF PINEVILLE

<b>Street Address:</b> RT 1 BOX 102		<b>City and State:</b> PINEVILLE KY 40977	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 114	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 100	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 96
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	86.0	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	94.0	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	87.0	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	90.0	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	87	87.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	8	8.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	40.0	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	42	42.0	47.2	39.1
<b>Residents requiring restraints.</b>	33	33.0	40.5	31.7
<b>Confused or disoriented residents.</b>	100	100	65.4	55.8
<b>Residents with bed sores.</b>	7	7.0	4.2	4.7
<b>Residents receiving special skin care.</b>	5	5.0	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PINEVILLE COMMUNITY HOSP

<b>Street Address:</b>  RIVERVIEW AV		<b>City and State:</b>  PINEVILLE KY 40977	
<b>Participation:</b>  MEDICARE/MEDICAID SNF	<b># of Beds:</b>  18	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  04/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  13	<b>Medicare Residents:</b>  9	<b>Medicaid Residents:</b>  2		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	13	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	13	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	13	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	13	100	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	92.3	47.4	37.7
<b>Completely bedfast residents.</b>	4	30.8	6.9	3.4
<b>Residents confined to chairs.</b>	8	61.5	63.0	50.8
<b>Residents requiring restraints.</b>	1	7.7	46.6	41.3
<b>Confused or disoriented residents.</b>	11	84.6	64.9	58.4
<b>Residents with bed sores.</b>	5	38.5	9.3	7.1
<b>Residents receiving special skin care.</b>	11	84.6	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## MOUNTAIN MANOR OF PRESTONSBURG ICF

<b>Street Address:</b>		<b>City and State:</b>	
17 COLLEGE LANE		PRESTONSBURG KY 41653	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	56	PROPRIETARY	09/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
55	0	46	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	70.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	55	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	37	67.3	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	54.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	61.8	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	23.6	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	19	34.5	47.2	39.1
<b>Residents requiring restraints.</b>	21	38.2	40.5	31.7
<b>Confused or disoriented residents.</b>	16	29.1	65.4	55.8
<b>Residents with bed sores.</b>	1	1.8	4.2	4.7
<b>Residents receiving special skin care.</b>	6	10.9	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RIVERVIEW MANOR NH SNF

<b>Street Address:</b>		<b>City and State:</b>	
1020 CIRCLE DR		PRESTONSBURG KY 41653	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	121	PROPRIETARY	08/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
117	13	81	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	115	98.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	109	93.2	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	107	91.5	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	91.5	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	87	74.4	75.8	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	63	53.8	47.4	37.7
<b>Completely bedfast residents.</b>	8	6.8	6.9	3.4
<b>Residents confined to chairs.</b>	55	47.0	63.0	50.8
<b>Residents requiring restraints.</b>	61	52.1	46.6	41.3
<b>Confused or disoriented residents.</b>	77	65.8	64.9	58.4
<b>Residents with bed sores.</b>	16	13.7	9.3	7.1
<b>Residents receiving special skin care.</b>	30	25.6	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PRINCETON HEALTH CARE MANOR

<b>Street Address:</b>  1333 W MAIN ST		<b>City and State:</b>  PRINCETON KY 42445	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  104	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  04/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  102	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  74
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	95.1	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	87.3	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	86.3	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	77.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	58.8	69.1	59.1
Residents on individually written bowel and bladder retraining program.	4	3.9	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	42	41.2	34.2	29.3
<b>Completely bedfast residents.</b>	2	2.0	3.5	3.6
<b>Residents confined to chairs.</b>	55	53.9	47.2	39.1
<b>Residents requiring restraints.</b>	52	51.0	40.5	31.7
<b>Confused or disoriented residents.</b>	62	60.8	65.4	55.8
<b>Residents with bed sores.</b>	11	10.8	4.2	4.7
<b>Residents receiving special skin care.</b>	29	28.4	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRITTHAVEN OF PROSPECT

<b>Street Address:</b>		<b>City and State:</b>	
6301 BASS RD BOX 147		PROSPECT KY 40059	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	100	PROPRIETARY	03/18/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
93	0	88	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	92.5	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	83.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	68.8	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	74.2	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	59.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	5	5.4	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	37.6	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	14	15.1	47.2	39.1
<b>Residents requiring restraints.</b>	12	12.9	40.5	31.7
<b>Confused or disoriented residents.</b>	83	89.2	65.4	55.8
<b>Residents with bed sores.</b>	5	5.4	4.2	4.7
<b>Residents receiving special skin care.</b>	12	12.9	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NORH HARDIN NURSNG & CON CTR

<b>Street Address:</b> 59 ROGERSVILLE RD		<b>City and State:</b> RADCLIFF KY 42160	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 86	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 45		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	96.5	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	79.1	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	80.2	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	43.0	75.8	68.2
Residents on individually written bowel and bladder retraining program.	17	19.8	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	30.2	47.4	37.7
<b>Completely bedfast residents.</b>	1	1.2	6.9	3.4
<b>Residents confined to chairs.</b>	28	32.6	63.0	50.8
<b>Residents requiring restraints.</b>	31	36.0	46.6	41.3
<b>Confused or disoriented residents.</b>	47	54.7	64.9	58.4
<b>Residents with bed sores.</b>	4	4.7	9.3	7.1
<b>Residents receiving special skin care.</b>	15	17.4	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE KENWOOD HOUSE SNF

<b>Street Address:</b>		<b>City and State:</b>	
130 S MEADOWLARK		RICHMOND KY 40475	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	93	PROPRIETARY	03/21/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
86	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	91.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	90.7	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	86.0	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	88.4	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	88.4	75.8	68.2
Residents on individually written bowel and bladder retraining program.	11	12.8	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	50.0	47.4	37.7
<b>Completely bedfast residents.</b>	0	0.0	6.9	3.4
<b>Residents confined to chairs.</b>	73	84.9	63.0	50.8
<b>Residents requiring restraints.</b>	48	55.8	46.6	41.3
<b>Confused or disoriented residents.</b>	78	90.7	64.9	58.4
<b>Residents with bed sores.</b>	12	14.0	9.3	7.1
<b>Residents receiving special skin care.</b>	33	38.4	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE MADISON MANOR**

<b>Street Address:</b>		<b>City and State:</b>	
131 MEADOWLARK DRIVE		RICHMOND KY 40475	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	96	PROPRIETARY	04/12/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
95	0	86	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	95	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	93.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	74.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	72.6	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	74.7	69.1	59.1
Residents on individually written bowel and bladder retraining program.	18	18.9	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	34.7	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	69	72.6	47.2	39.1
<b>Residents requiring restraints.</b>	54	56.8	40.5	31.7
<b>Confused or disoriented residents.</b>	59	62.1	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	1	1.1	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RUSSELLVILLE HEALTH CARE MANOR

<b>Street Address:</b> 683 E THIRD ST		<b>City and State:</b> RUSSELLVILLE KY 42276	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 104	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 102	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 94
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	102	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	102	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	102	100	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	100	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	61.8	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	47.1	34.2	29.3
<b>Completely bedfast residents.</b>	7	6.9	3.5	3.6
<b>Residents confined to chairs.</b>	49	48.0	47.2	39.1
<b>Residents requiring restraints.</b>	49	48.0	40.5	31.7
<b>Confused or disoriented residents.</b>	78	76.5	65.4	55.8
<b>Residents with bed sores.</b>	5	4.9	4.2	4.7
<b>Residents receiving special skin care.</b>	12	11.8	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## SANSBURY MEMORIAL INFIRMARY ICF

<b>Street Address:</b>		<b>City and State:</b>	
HWY 150 BARDSTOWN RD		SAINT CATHERINE KY 40061	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	36	NON-PROFIT RELIGIOUS	08/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
35	0	33	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	18	51.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	22	62.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	17	48.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	51.4	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	24	68.6	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	77.1	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	9	25.7	47.2	39.1
<b>Residents requiring restraints.</b>	8	22.9	40.5	31.7
<b>Confused or disoriented residents.</b>	17	48.6	65.4	55.8
<b>Residents with bed sores.</b>	1	2.9	4.2	4.7
<b>Residents receiving special skin care.</b>	0	0.0	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SALEM NH SNF

<b>Street Address:</b>		<b>City and State:</b>	
HAYDEN AVENUE BOX 77		SALEM KY 42078	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT PRIVATE	09/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
50	13	29

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	92.0	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	96.0	75.8	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	90.0	47.4	37.7
<b>Completely bedfast residents.</b>	12	24.0	6.9	3.4
<b>Residents confined to chairs.</b>	36	72.0	63.0	50.8
<b>Residents requiring restraints.</b>	39	78.0	46.6	41.3
<b>Confused or disoriented residents.</b>	46	92.0	64.9	58.4
<b>Residents with bed sores.</b>	10	20.0	9.3	7.1
<b>Residents receiving special skin care.</b>	50	100	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SALYERSVILLE HEALTH CARE CENTER

<b>Street Address:</b> HIGHWAY 460 BOX 819		<b>City and State:</b> SALYERSVILLE KY 41465	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 147	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 147	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 140	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	120	81.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	147	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	112	76.2	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	74.1	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	100	68.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.	5	3.4	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	66	44.9	34.2	29.3
<b>Completely bedfast residents.</b>	100	68.0	3.5	3.6
<b>Residents confined to chairs.</b>	12	8.2	47.2	39.1
<b>Residents requiring restraints.</b>	91	61.9	40.5	31.7
<b>Confused or disoriented residents.</b>	60	40.8	65.4	55.8
<b>Residents with bed sores.</b>	5	3.4	4.2	4.7
<b>Residents receiving special skin care.</b>	7	4.8	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COLONIAL TERRACE NH

<b>Street Address:</b>		<b>City and State:</b>	
S CHURCH ST		SEBREE KY 42455	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	80	PROPRIETARY	08/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
79	0	57	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	71	89.9	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	71	89.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	70.9	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	75.9	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	60.8	69.1	59.1
Residents on individually written bowel and bladder retraining program.	10	12.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	38.0	34.2	29.3
<b>Completely bedfast residents.</b>	2	2.5	3.5	3.6
<b>Residents confined to chairs.</b>	29	36.7	47.2	39.1
<b>Residents requiring restraints.</b>	23	29.1	40.5	31.7
<b>Confused or disoriented residents.</b>	44	55.7	65.4	55.8
<b>Residents with bed sores.</b>	3	3.8	4.2	4.7
<b>Residents receiving special skin care.</b>	3	3.8	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SHELBY MANOR HEALTH CENTER

<b>Street Address:</b> 9 VILLAGE PLAZA HWY 60W		<b>City and State:</b> SHELBYVILLE KY 40065	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 63	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 62	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 41	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	61	98.4	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	69.4	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	98.4	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	67.7	69.1	59.1
Residents on individually written bowel and bladder retraining program.	15	24.2	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	24.2	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	28	45.2	47.2	39.1
<b>Residents requiring restraints.</b>	28	45.2	40.5	31.7
<b>Confused or disoriented residents.</b>	52	83.9	65.4	55.8
<b>Residents with bed sores.</b>	3	4.8	4.2	4.7
<b>Residents receiving special skin care.</b>	62	100	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BRITTHAVEN OF SOMERSET

<b>Street Address:</b>		<b>City and State:</b>	
BOURNE & CENTRAL AV		SOMERSET KY 42501	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	152	PROPRIETARY	05/04/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
151	3	132		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		127	84.1	87.0
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		146	96.7	91.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		131	86.8	83.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		96	63.6	84.6
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		104	68.9	75.8
Residents on individually written bowel and bladder retraining program.		4	2.6	5.4
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		77	51.0	47.4
<b>Completely bedfast residents.</b>		21	13.9	6.9
<b>Residents confined to chairs.</b>		77	51.0	63.0
<b>Residents requiring restraints.</b>		83	55.0	46.6
<b>Confused or disoriented residents.</b>		102	67.5	64.9
<b>Residents with bed sores.</b>		16	10.6	9.3
<b>Residents receiving special skin care.</b>		5	3.3	31.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MIDTOWN CARE HOME ICF

<b>Street Address:</b> 106 GOVER ST		<b>City and State:</b> SOMERSET KY 42501	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 123	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 116	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 97
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	110	94.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	111	95.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	75.9	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	73.3	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	70	60.3	69.1	59.1
Residents on individually written bowel and bladder retraining program.	3	2.6	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	31.9	34.2	29.3
<b>Completely bedfast residents.</b>	4	3.4	3.5	3.6
<b>Residents confined to chairs.</b>	82	70.7	47.2	39.1
<b>Residents requiring restraints.</b>	61	52.6	40.5	31.7
<b>Confused or disoriented residents.</b>	100	86.2	65.4	55.8
<b>Residents with bed sores.</b>	6	5.2	4.2	4.7
<b>Residents receiving special skin care.</b>	22	19.0	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SUNRISE MANOR

<b>Street Address:</b> 200 NORFLEET DR		<b>City and State:</b> SOMERSET KY 42501	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 93	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 90	<b>Medicare Residents:</b> 5	<b>Medicaid Residents:</b> 59		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	89	98.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	86	95.6	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	86	95.6	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	95.6	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	72	80.0	75.8	68.2
Residents on individually written bowel and bladder retraining program.	4	4.4	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	55	61.1	47.4	37.7
<b>Completely bedfast residents.</b>	41	45.6	6.9	3.4
<b>Residents confined to chairs.</b>	41	45.6	63.0	50.8
<b>Residents requiring restraints.</b>	48	53.3	46.6	41.3
<b>Confused or disoriented residents.</b>	43	47.8	64.9	58.4
<b>Residents with bed sores.</b>	11	12.2	9.3	7.1
<b>Residents receiving special skin care.</b>	81	90.0	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SOUTH SHORE HEALTH CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
JAMES E HANNAH DRIVE BOX 489		SOUTH SHORE KY 41175	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	46	PROPRIETARY	07/15/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
29	0	26			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		26	89.7	88.9	78.3
Dressing					
Residents requiring some or total assistance in dressing.		26	89.7	90.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		16	55.2	77.8	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		9	31.0	76.6	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		9	31.0	69.1	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.8	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		5	17.2	34.2	29.3
Completely bedfast residents.		1	3.4	3.5	3.6
Residents confined to chairs.		6	20.7	47.2	39.1
Residents requiring restraints.		6	20.7	40.5	31.7
Confused or disoriented residents.		14	48.3	65.4	55.8
Residents with bed sores.		1	3.4	4.2	4.7
Residents receiving special skin care.		27	93.1	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WILLIAMSON APPALACHIAN REGIONAL HOSP

<b>Street Address:</b>		<b>City and State:</b>	
2000 CENTRAL AVENUE		SOUTH WILLIAMSON KY 41503	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	40	NON-PROFIT OTHER	08/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
11	4	3		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	10	90.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	11	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	11	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	11	100	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	90.9	47.4	37.7
<b>Completely bedfast residents.</b>	3	27.3	6.9	3.4
<b>Residents confined to chairs.</b>	7	63.6	63.0	50.8
<b>Residents requiring restraints.</b>	2	18.2	46.6	41.3
<b>Confused or disoriented residents.</b>	3	27.3	64.9	58.4
<b>Residents with bed sores.</b>	4	36.4	9.3	7.1
<b>Residents receiving special skin care.</b>	6	54.5	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEDCO CENTER OF SPRINGFIELD

<b>Street Address:</b> 120 E GRUNDY DR		<b>City and State:</b> SPRINGFIELD KY 40069	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 70	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 70	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 59
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	69	98.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	67	95.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	85.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	85.7	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	87.1	69.1	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	24.3	34.2	29.3
<b>Completely bedfast residents.</b>	1	1.4	3.5	3.6
<b>Residents confined to chairs.</b>	40	57.1	47.2	39.1
<b>Residents requiring restraints.</b>	22	31.4	40.5	31.7
<b>Confused or disoriented residents.</b>	59	84.3	65.4	55.8
<b>Residents with bed sores.</b>	2	2.9	4.2	4.7
<b>Residents receiving special skin care.</b>	23	32.9	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FORT LOGAN HOSP

<b>Street Address:</b>		<b>City and State:</b>	
124 PORTMAN AV		STANFORD KY 40484	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	30	NON-PROFIT OTHER	03/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
28	5	21		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	28	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	28	100	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	100	47.4	37.7
<b>Completely bedfast residents.</b>	7	25.0	6.9	3.4
<b>Residents confined to chairs.</b>	20	71.4	63.0	50.8
<b>Residents requiring restraints.</b>	5	17.9	46.6	41.3
<b>Confused or disoriented residents.</b>	23	82.1	64.9	58.4
<b>Residents with bed sores.</b>	7	25.0	9.3	7.1
<b>Residents receiving special skin care.</b>	14	50.0	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE STANFORD HOUSE

<b>Street Address:</b> HARMON HEIGHTS		<b>City and State:</b> STANFORD KY 40484	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 98	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 93	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 81	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	63.4	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	91.4	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	73	78.5	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	78.5	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	49	52.7	69.1	59.1
Residents on individually written bowel and bladder retraining program.	3	3.2	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	29.0	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	52	55.9	47.2	39.1
<b>Residents requiring restraints.</b>	48	51.6	40.5	31.7
<b>Confused or disoriented residents.</b>	64	68.8	65.4	55.8
<b>Residents with bed sores.</b>	5	5.4	4.2	4.7
<b>Residents receiving special skin care.</b>	22	23.7	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE STANTON NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
DERICKSON RD		STANTON KY 40380	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	81	PROPRIETARY	03/17/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
74	0	67

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	69	93.2	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	93.2	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	86.5	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	68.9	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	63.5	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	2.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	39.2	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	47	63.5	47.2	39.1
<b>Residents requiring restraints.</b>	37	50.0	40.5	31.7
<b>Confused or disoriented residents.</b>	54	73.0	65.4	55.8
<b>Residents with bed sores.</b>	1	1.4	4.2	4.7
<b>Residents receiving special skin care.</b>	10	13.5	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MONROE HEALTH CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
706 N MAGNOLIA		TOMPKINSVILLE KY 42167	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	10/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
98	1	88		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	85	86.7	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	91	92.9	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	62	63.3	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	63.3	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	64.3	75.8	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	45.9	47.4	37.7
<b>Completely bedfast residents.</b>	3	3.1	6.9	3.4
<b>Residents confined to chairs.</b>	70	71.4	63.0	50.8
<b>Residents requiring restraints.</b>	40	40.8	46.6	41.3
<b>Confused or disoriented residents.</b>	50	51.0	64.9	58.4
<b>Residents with bed sores.</b>	5	5.1	9.3	7.1
<b>Residents receiving special skin care.</b>	31	31.6	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE VANCEBURG HEALTH CARE ICF

<b>Street Address:</b>		<b>City and State:</b>	
FAIRLANE DR BOX 297		VANCEBURG KY 41179	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	110	NON-PROFIT OTHER	12/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
88	0	85	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	88	100	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	54.5	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	64.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	73.9	69.1	59.1
Residents on individually written bowel and bladder retraining program.	1	1.1	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	11.4	34.2	29.3
<b>Completely bedfast residents.</b>	2	2.3	3.5	3.6
<b>Residents confined to chairs.</b>	46	52.3	47.2	39.1
<b>Residents requiring restraints.</b>	24	27.3	40.5	31.7
<b>Confused or disoriented residents.</b>	57	64.8	65.4	55.8
<b>Residents with bed sores.</b>	8	9.1	4.2	4.7
<b>Residents receiving special skin care.</b>	15	17.0	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MADONNA MANOR

<b>Street Address:</b>		<b>City and State:</b>	
2344 AMSTERDAM RD		VILLA HILLS KY 41016	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	35	NON-PROFIT RELIGIOUS	10/27/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
35	0	9

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	30	85.7	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	30	85.7	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	74.3	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	77.1	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	23	65.7	69.1	59.1
Residents on individually written bowel and bladder retraining program.	9	25.7	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	74.3	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	10	28.6	47.2	39.1
<b>Residents requiring restraints.</b>	0	0.0	40.5	31.7
<b>Confused or disoriented residents.</b>	26	74.3	65.4	55.8
<b>Residents with bed sores.</b>	3	8.6	4.2	4.7
<b>Residents receiving special skin care.</b>	4	11.4	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MORGAN CO ARH SNF

<b>Street Address:</b> PO BOX 579		<b>City and State:</b> WEST LIBERTY KY 41472	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 15	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 06/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 14	<b>Medicare Residents:</b> 4	<b>Medicaid Residents:</b> 10	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	14	100	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	14	100	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	14	100	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	100	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	14	100	75.8	68.2
Residents on individually written bowel and bladder retraining program.	4	28.6	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	92.9	47.4	37.7
<b>Completely bedfast residents.</b>	6	42.9	6.9	3.4
<b>Residents confined to chairs.</b>	8	57.1	63.0	50.8
<b>Residents requiring restraints.</b>	0	0.0	46.6	41.3
<b>Confused or disoriented residents.</b>	10	71.4	64.9	58.4
<b>Residents with bed sores.</b>	5	35.7	9.3	7.1
<b>Residents receiving special skin care.</b>	1	7.1	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## WEST LIBERTY HEALTH CARE CTR ICF

<b>Street Address:</b>		<b>City and State:</b>	
RT 5 WELLS HILL		WEST LIBERTY KY 41472	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	29	PROPRIETARY	06/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
29	0	25	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	29	100	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	27	93.1	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	89.7	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	82.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	86.2	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	6.9	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	31.0	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	7	24.1	47.2	39.1
<b>Residents requiring restraints.</b>	20	69.0	40.5	31.7
<b>Confused or disoriented residents.</b>	29	100	65.4	55.8
<b>Residents with bed sores.</b>	0	0.0	4.2	4.7
<b>Residents receiving special skin care.</b>	8	27.6	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WILLIAMSBURG NH

<b>Street Address:</b>		<b>City and State:</b>	
N 11TH ST BOX 719		WILLIAMSBURG KY 40769	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	11/24/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
97	2	84		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	80	82.5	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	80	82.5	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	82.5	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	82.5	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	78	80.4	75.8	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	91	93.8	47.4	37.7
<b>Completely bedfast residents.</b>	29	29.9	6.9	3.4
<b>Residents confined to chairs.</b>	44	45.4	63.0	50.8
<b>Residents requiring restraints.</b>	34	35.1	46.6	41.3
<b>Confused or disoriented residents.</b>	85	87.6	64.9	58.4
<b>Residents with bed sores.</b>	10	10.3	9.3	7.1
<b>Residents receiving special skin care.</b>	18	18.6	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE GRANT MANOR INC

<b>Street Address:</b>		<b>City and State:</b>	
300 BARNES RD		WILLIAMSTOWN KY 41097	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	01/13/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
11	0	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	7	63.6	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	7	63.6	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	7	63.6	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	63.6	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	7	63.6	69.1	59.1
Residents on individually written bowel and bladder retraining program.	2	18.2	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	63.6	34.2	29.3
<b>Completely bedfast residents.</b>	0	0.0	3.5	3.6
<b>Residents confined to chairs.</b>	4	36.4	47.2	39.1
<b>Residents requiring restraints.</b>	4	36.4	40.5	31.7
<b>Confused or disoriented residents.</b>	2	18.2	65.4	55.8
<b>Residents with bed sores.</b>	1	9.1	4.2	4.7
<b>Residents receiving special skin care.</b>	3	27.3	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## WINCHESTER MANOR HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
RT 7 VAN METER RD		WINCHESTER KY 40391	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	187	PROPRIETARY	05/06/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
180	3	155	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	168	93.3	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	160	88.9	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	139	77.2	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	77.2	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	128	71.1	75.8	68.2
Residents on individually written bowel and bladder retraining program.	8	4.4	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	61	33.9	47.4	37.7
<b>Completely bedfast residents.</b>	1	0.6	6.9	3.4
<b>Residents confined to chairs.</b>	121	67.2	63.0	50.8
<b>Residents requiring restraints.</b>	42	23.3	46.6	41.3
<b>Confused or disoriented residents.</b>	92	51.1	64.9	58.4
<b>Residents with bed sores.</b>	10	5.6	9.3	7.1
<b>Residents receiving special skin care.</b>	56	31.1	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HOPKINS NURSING FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
COLLEGE ST BOX 70		WOODBURN KY 42170	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT OTHER	08/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
49	4	40

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	95.9	87.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	98.0	91.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	47	95.9	83.8	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	93.9	84.6	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	91.8	75.8	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.4	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	65.3	47.4	37.7
<b>Completely bedfast residents.</b>	3	6.1	6.9	3.4
<b>Residents confined to chairs.</b>	45	91.8	63.0	50.8
<b>Residents requiring restraints.</b>	31	63.3	46.6	41.3
<b>Confused or disoriented residents.</b>	36	73.5	64.9	58.4
<b>Residents with bed sores.</b>	6	12.2	9.3	7.1
<b>Residents receiving special skin care.</b>	0	0.0	31.0	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	1	1.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	4.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	1.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	6	6.0	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	21	21.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	12	12.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	3	3.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	7.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	23	23.0	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	6	6.0	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	9.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	15	15.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	24	24.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	8.0	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	4.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	10	10.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	4.0	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	4	4.0	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	1.0	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	2	2.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	6	6.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.0	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	20	20.0	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WURLAND HEALTH CARE CENTER

<b>Street Address:</b> 100 WURLAND AV		<b>City and State:</b> WURLAND KY 41144	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 126	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/06/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 118	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 91
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	93	78.8	88.9	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	112	94.9	90.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	113	95.8	77.8	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	39.8	76.6	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	99	83.9	69.1	59.1
Residents on individually written bowel and bladder retraining program.	27	22.9	6.8	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	23.7	34.2	29.3
<b>Completely bedfast residents.</b>	10	8.5	3.5	3.6
<b>Residents confined to chairs.</b>	52	44.1	47.2	39.1
<b>Residents requiring restraints.</b>	49	41.5	40.5	31.7
<b>Confused or disoriented residents.</b>	101	85.6	65.4	55.8
<b>Residents with bed sores.</b>	8	6.8	4.2	4.7
<b>Residents receiving special skin care.</b>	9	7.6	22.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	0.8	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	10	7.7	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	12	9.2	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	17	13.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	11	8.5	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	4.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	17.7	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	11	8.5	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	18	13.8	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	28	21.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	12	9.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.8	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	0.8	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	4	3.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	3.8	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	7	5.4	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	7	5.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	29	22.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

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